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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10044

0047	CERTIFICATE	OF DEATH
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Reg. Dist. No.

1.	PLACE OF DEATH COUNTY ALLEGANY		MARYL	0.5	AL RESIDENCE (W		lived, If institution b. COUNTY	anı Residence	before adr	nissi en)
Г	b. CITY OR TOWN (I RURAL and give no	F outside corporate limits, w	rite c. LENGTH OF STAY IN	1 1b c. C	ITY OR TOWN (IF	outside corpora	ole limits, write RI	URAL and giv	re nearest t	own)
П	CUMBERLA	ND,	1 DAY		LAURELDA	LE	85 x - 3			
	d. NAME OF HOSPIT	FAL (If not in hospital, give :	street address)	d. 5	TREET ADDRESS				e. IS	RESIDENCE
L	MEMORI	AL HOSPITAL								□ NO □
3.	NAME OF DECEASED	First	Middle		Lost	4. DATE OF	Mon	th	Οογ	Yeor
	(Type or print)	BABY	GIRL		AYERS	DEATH	OCTOE	BER 6	5	19 57
5.	\$EX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED			5		Months D		
	FEMALE	WHITE W	DOWED DIVORCED		TOBER 6,	1957	8 HRS ayra	Monins	ays Hou	rs Min.
10	o. USUAL OCCUPATIO	ON (Give kind of work done king life, even if retired)	100 KIND OF BUSINESS OR	INDUSTRY 11.	BIRTHPLACE (Slote	e or foreign cou	unity)	12. CITIZ	EN OF WH	IAT COUNTRY?
L		ang me, even a remotif	Rone		CUMBER	LAND, M	D.	U.	S. A.	
12	FATHER'S NAME			14. M	THER'S MAIDEN	NAME				
	WIL	LIAM GLENN	AYERS		MARY E.	WEASEN	FORTH			
		R IN U. S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFORMA			Addi			
	No	(0) 100	Thone	ME,MO	RIAL HOS	PITAL	C	UMBERL	AND,	MD.
Г			per tine for (a), (b), and (c).		0 - 0	-	-		INTERVAL	BETWEEN ND DEATH
Н	PART I. DEA	TH WAS CAUSED BY:	Kalmona	11	Itales	LARI	7		ONSET A	ND DEATH
1	761,0	DUE TO	4		5					
	Conditions, if a	ny, which) (b)	Pata O G	work	VIV.					
	gave rise to i	mmediate Out TO	0		^					
L	lying cause lost.	(c)	Kettoplace	me	her	alun-	200			
20	PART 11. OTE	HER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEAT	H BUT NOT REL	ATED TO THE TERA	MINAL DISEASE	CONDITION GIV	EN IN PART I	(o) 19. W/	AS AUTOPSY REORMED?
CATS		1-							-	□ NO □
CERTIFICATION	200. ACCIDENT WA	AS UNDERLYING 206 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OC	CURRED: (Enter	noture of injury in	Part t or Part	II of item 18.)			
		MEDICAL EXAMINER)								
MEDICAL	20c. TIME OF INJUR				NJURY (Home, for		or lown)	(Co	unty)	(Slole)
MED	Hour a.m.		While Not while	ATO	et, office bldg., et	(c.)	DOA			
		at Jostended the de	cented from 101	610	105 7 to 1	10/6	105	that I la	et sow t	ne deceased
	alive an	6 - 10/6		leath accur	ed of 8:40	P M from		-		
ш	(() /m	, did ilidi c	zedin decon	60 01.53.191		eel, city or town,		dule si	DATE SIGNED
П	ACTUAL	Maine	Tanio D	44.0		,		,		
L	SIGNATURE		J CMACK	M.D. ,	e sides dies sides des des reus des PPS des sides PPS van					
	PHYSICIAN'S NAME (Type)	LOUIS MOUND	_							
27	. BURIAL, CREMATIC	N, 22b. DATE THEREOF	22c. NAME OF CEMET	ERY OR CREMA	TORY	22d. LOCATI	ON (City, Iown, o	or county)	ť	Stole)
	REMOVAL (Specify)	10-8-1957				Sche	eer W.	Va.		
23	FUNERAL DIRECTOR		ADDRESS	2011	24pr-REC	D BY REGISTR		STRAR'S SIGN	IATURE	
	Charles :	L. George	Cumberland, 1	ld.	CATE	4.8.19.	17 W. K	the	nh.	M.D.

VS A15 (4) 15M 9/55

2060234XVI

BUREAU V. S. OCL 10 1821 DECENA Reti

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10046

Y?

Auditor (Co.	NI ACT OF BEATH			The course again				ist. No	-	
	o. COUNTY Alleg	any	MARYLAND	o. STATE Md		l lived. If institu b. COUNT	2			nission)
t	ond give needed lown) Westernport	a, write RUPAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	orposterno		RURAL one	d give n	earest to	own)
(. NAME OF HOSPITAL OR INSTITUTIO	ON (If not in hor	spital, give street address)	d. STREET ADDRESS						RESIDENC
	102 Cromer S	t.	*	1 102 Ci	romer S	St.				A FARM
		orge	Conrod	Beck	4. DATE OF DEATH	Month		Doy 1	6	Yeor 19 5'
5. 5			ED NEVER MARRIED 3 8	DATE OF BIRTH	9	AGE (In years lost birthday)	IFUNDER		-	DER 24 HI
	male white			July 12-18	382	75 yes.	Months	Days	Hours	Min.
100	usual occupation (Give kind of videring most of working life, even if cetical MILLWRIGHT-W.	red)			ing, W. V			S.		COUNT
13,	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME					
	John Henry Be	ck		Francis	s Geige	er				
	WAS DECEASED EVER IN U. S. ARME	(a) of Service)		NFORMANT		Address		-		
	yes W.W.1 &	Spa-12	16-07-236¢(S	ister * Tli:	zabeth	Beck, W	este	rnp	ort	, Md
	18. CAUSE OF DEATH [Enter only on PART I. DEATH WAS CAUSED I			ol failum				ONSE	dde	EFF9 ATH
	IMMEDIATE CAUS	E (o) AC	ute myocardi	ar rarrure	3			su	aue	n
	Conditions, if ony, which gove rise to immediate cause	(b) My	ocardial inf	arction					?	>
	(a), stating the underlying DUI	(c)	oronary scle						?)
CATION	PART II, OTHER SIGNIFICANT						EN IN PAR		PERFO	AUTOPSI DRMED? NO
CERTIF	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	20b. DESCRIBI	E HOW INJURY OCCURRED. (E	nter nature of injury in Fo	art I or Port II of	ifem 18.)				
MEDICAL	20e. TIME OF INJURY Month, Day Hour e. m. p. m.	19 White	Not white factors of work •	CE OF INJURY (Home, for pry, street, affice bldg., et	c.}		(Cou			(Stole)
	21. I certify that I took cho	rge of the	remains described abo	ve, held on Autop	sy 🕸 , Ins	pection 🔻,	Inquir	y 图:	an	id in m
	opinion death resulted from	: Natural a	causes 3. Accident [. Suicide .	Homicide [], Undeter	mined r	nonne		
	ACTUAL SIGNATURE	eurin	9 M.D.	M.D. CHIEF MEDICAL	-	1/3			DATE 1	SIGNED
	EXAMINER'S H.V.Demin	g H.D.	1	DEPUTY MEDICAL			-195	7		
220	BURIAL, CREMATION, 226. DATE TH	EREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATIO	N (City, town, o	r county)		(State	(0)
B	urial Oct.1	9-1957	Philos Ceme	tery -	West	ternpor	t		M	id.
-			ADDRESS							

TO FUI VS. A15ME 5M 2/57

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the certificate, writing the word "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the fifteen 4 should be found in the many but farm PM3. Page 5 may be it has a should be used as a burial-transit permit. File pages 1 and 2 with the Erate or its designated Egant, prior to burial, cremation, or its designated Egant, prior to burial, or emoval, and in any event within 72 hours after death.

BUREAU V. S.

OCT 21 1957

DECENTED

Cumberland,

Md.

٠,٢٠	HE OF DEATH	•		Reg. D	ist. No.	4	4
	2. USUAL RESIDENCE (Who o. STATE Maryla		l lived. If institution b. COUNTY		gan;		ion)
	c. CITY OR TOWN (IF o		rote limits, write RI rland	URAL ond	give nea	rest fown)
	d. STREET ADDRESS 618 Mar	ylan	d Ave			ON A	FARM?
	Beardsley	4. DATE OF DEATH	Octobe		24		reor 19 5 7
	Bept 9 1872		9. AGE (In years lost birthdoy) 85 yrs.	Months Months	Days	Hours	R 24 HRS. Min.
DU\$		or foreign co NOWN	ountry)	12. C	USA	F WHAT	COUNTRY?
	14. MOTHER'S MAIDEN N	UNKNO					
	rs. James M	annir	Add Og, Cumb		nd,	Md.	
ح.	af Hen	wer	chan	Q		RVAL BE	
*	reler	17		18		*	-
4	201	a	20			_	
UT	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 1	PERFO YES [AUTOPSY RMED?
REC). (Enter nature of injury in I	Port I or Port	II of ilem 18.)				
PLA	CE OF INJURY (Home, farm tory, street, office bldg., etc.	20f. (City	or town)		(County)		{Stole}
5	2, 19 to /	1/24	15/2 19 the causes of				deceosed
<u></u>	M.D. Cum	ADDRESS (Sh	reet, city or town,	stote)		10	ATE SIGNED
	CREMATORY	22d. LOCAT	ION (City, town, o	or county)		(Stot	0)
u	rial Park	Lake	boows.	Ohi	0	· ·	

VS A1S (4) 15M 9/SS

CERTIFICATE OF ORATH

The Part of the State of State

BUREAU V. L.

JCT 29 1957

BECEINED

22c. NAME OF CEMETERY OR CREMATORY

Main, Frostburg, Md onto-

Frostburg Memorial

Rea. Dist. No.

Allegany

e IS RESIDEN E ONAIARM

YES NO T

19

12 CITIZEN OF WHAT COUNTRY?

INTERVAL SETWIEN

sudden

PERFORMED? NO I

(Stote)

and in my

DATE SIGNED

(Stote)

U.S.A.

(County)

Inquiry 🛪

22d LOCATION (City, lawn, or county)

240. REC'D BY REGISTRAR _ 246. REGISTRAR'S SIGNATURE

Frostburg

Park

220. BURIAL CREMATION | 22b. DATE THEREOF

REMOVAL (Specify)

DE ADECT

& .V UALKLA

EULEAU K. E.

2561 01 100



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Within comments limbs 40050 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) . Page files. Health, o COUNTY o STATE Allegany Allegany MARYLAND b. CITY OR TOWN III outs do corporate limits, write ELEA: C SENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) your d mberland Cumberland day d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM ospital 32 Fredrick Teart YES NO NAME OF First M'ddle 4. DATE Lost Yeor OB (Type or print) Isabell Oct. DEATH Lorence Bonner 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 9. AGE Illo years IF UNDER TYEAR IF UNDER 24 HRS. fort birthday) Months I Hours WIDOWED [DIVORCED white fenale. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) during most of working [ife, even if retired] 12. CITIZEN OF WHAT COUNTRY? lousewife Own Home Tucker Co. W. Va g with form PM3. grmit. File pages I 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alice white Jacob B. Johnson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ospital records. Sacred Heart 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN PART 1. DEATH WAS CAUSED BY: Anasarca about IMMEDIATE CAUSE (a) pencil in DUE TO Cirrhoses of liver Conditions, if ony, which gave rise to immediate couse **DUE TO** (o), sloting the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19, WAS ALTOPSY PERFORMED? YES THE NO! 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Fort II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 1 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) factory, street, office bldg., etc.] Hour o.m. Not while of work of work pm. 21 1 certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . ond in my opinion death resulted from: Natural causes F. Accident ... Suicide , Homicide . Undetermined monner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER [7] H.V.Deming DEPUTY MEDICAL EXAMINER #Oct. 7-1957 NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) 8. 1957 Davis Nemorial Cemetery Cumberland, Md. 40 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC/D BY REGISTRAR 24b. REGISTRAR S SIGNATURE VS. A15ME Charl s L. George, Cumberland, Md.

ing Klassir

BRUEVA K. F.

OCT 10 1957



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Within corporate Britis 10051 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) firector. Poge or your files. a. COUNTY o STATE b. COUNTY Allegent Allerant MARYLAND b. CITY OR TOWN Ill autiside corporate firmits, write EURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chimberland her I and d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, pive street address) d STREET ADDRESS e IS RESIDENT E - o ON A FARM? 60 M. Conter St. YES I NO 駅 3. NAME OF Middle DATE DECEASED DEATH (Type or print) Prant Cet. 19 & COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HES Days Hours WIDOWED D DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) D2 CITIZEN OF WHAT COUNTRY? Page ! Cumberland, Wa. Own Home ousewifo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel Molford Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address If yes, dive war or dates of service! (dau liter) "DEHOS. rs.A.l. 18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: acute confestive heart IMMEDIATE CAUSE (o) Office **DUF TO** Arteriosclerotic herrt disease Conditions, if ony, which gove rise to immediate couse **DUE TO** (a), stating the underlying Cereralized arteriosclerosis couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 3 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Fort 11 of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f (City or town) (County) (Stole) factory, street, office bldg., etc.) o. m of work of work 21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . and in my orded CTOR: opinion death resulted from: Natural causes 18. Accident 1. Suicide . Hamicide . Undetermined manner DIREC DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER & OCT. 4. V. Deming NAME (Type) 220. BURIAL CREMATION 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or county) Short. (Stote) REMOVAL (Specify) 40 Burial Greenmount Cometery Cumberland, Maryland 240; REG'D BY REGISTRAR 23 FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNA VS. A15ME Louis Stein, Inc., Cumberland, Maryland. 5M 2/57

OCT 3
OCT 3

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10052 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH/DERT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission o. COUNTY files. Health, o STATE Allegany **b** COUNTY MARYLAND b. CITY OR TOWN lif outside corporate Limits, write EURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) Cumberland vrs. Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) for d STREET ADDRESS e. IS RE DEN GE ON A FARM? 701 Baker St. 701 Balter YES NO R 3. NAME OF Middle 4. DATE Month DECEASED Clinton Sylvester Oct. [Type or print] Brown DEATH 19 9. AGE (In years 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS Months Hours male WIDOWED [7] DIVORCED T 10g. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Curiberland Steel Co. Cedar Creek. Va. with form PM3.
mit. Ele pages
in any event with Engineer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Eliza Coffman John 15. WAS DECEASED EVER IN U. 5 ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (wife)Harv B.M. Brown, Cumberland, "d. TE CAUSE OF DEATH [Enter only one cause per I ne for (o), (b), and (c). INTERVAL BLTWEEN sudden Coronary occlusion PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Office DUE TO Arteriosclerotic heart disease vears Conditions, if any, which gave rise to immediate cause **PUE TO** (o), stating the underlying Arteriosclerosis with hypertention. 11 couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO E 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of Item 18) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f, (City or town) (County) (Stote) factory, street, office bldg, etc.) Hour of work of work p. m. 21. I certify that I tack charge of the remains described above, held an Autapsy . Inspection . Inquiry . opinion death resulted from: Natural causes 🛂 , Accident 🔲 , Suicide . Hamicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) V. Dening H.D. Oct.7-1957 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) St. Patrick's Cemetery 70 Cumberland, Maryland. Buria 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b REGISTRAR'S SIGNATURE 246) REC'D BY REGISTRAR ATSME James F. Scarpelli, Cumberland, Maryland. of warefulli

MILLIO COPPORATO Imita

Entered R. R.

101 TO:



10052

(Day)

(Year)

IJF UNDER 24 HRS

.1957

Hours

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

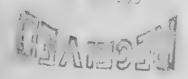
NO

(State)

YES T

CITIZEN OF WHAT

PULEAU V. M



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10053 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE TENE

EMETUTY MELICAL EMAINER: This certificate should be exected within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the Area director. Page 4 should be considered to the Chief Medical Examiner's Office along with form PM3. Page 5 may be it ned for your files.

TO FULT AL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages, I and 2 with the Tate Board of Health, or its designated agent, prior to barial, crematian, or removal, and in any event within 72 hours after death.

10 FE 19

VIII. A15MII 5M 2/57

Reg. Dist. No. 10053

W.		LACE OF DEATH	Allegany	* 19	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md. b. COUNTY Allegany						
_/	Ь		outride corparate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If autsi	de carparate	limits, write	RURAL and give no		
			berland		20 Yrs.	C	umberl	land				
1	d	I. NAME OF HOSPIT	AL OR INSTITUTION (f not in hosp	oital, give street address)	d STREET AC					. IS RECIDEN .E	
0.1	٠	Sacred	Heart Tos	pital		208 C	harles	s_St		-	AEZ WO W	
	- 1	NAME OF DECEASED	Fire	9	M ddie	Lost	4. D	HF .	Month	Day	Year	
	5. S	Type or print)	<u>l'ary</u>	7	Hazel	Carder	D	EATH	0c;		2 1957	
		_				. DATE OF BIRTH	- 0 - 0	lest	birthday)	Months Days	Hours Min.	
		emale	<u> white</u>	WIDOWED			1898		B yrs			
1	100.	lotiva wast of warkin	ig life, even if retired)		IND OF BUSINESS OR INDUST)		WHAT COUNTRY?	
1		Housewife			n Home		erland	_U.S.A	•			
1	13.	FATHER'S NAME				14. MOTHER'S M						
			rge Carde				ra Duv	vall			_	
		, na ar unknown)	ER IN U.S. ARMED FOI (II yes, give war ar dates of i	ervice)		NFORMANT	aha		Address			
- 2	_	no		[2]	.6-18-1777(f	ather)_	George	e Caro	der, C	umberla	nd, I'd.	
			TH (Enter only one cau							INTER	VAL BETWEEN T AND DEATH	
		PART I DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	My	vocardial fa	ilure				1	hr.	
		443X	DUE TO									
		Conditions, if ony, which) (b) Cardio-vascllar disease with hypertention?										
		gave rise to immed (a), stating the										
		couse fost.	(c).									
	ATION	PART II, OTH	HER SIGNIFICANT CON	OITIONS CO	NTRIBUTING TO DEATH BUT I	OT RELATED TO T	HE TERMINAL S	DISEASE CON	DITION GIVE	`1	PERFORMED?	
	CERTIFICATION	200. EXTERNAL CAL PRIMARY Or COL CAUSE OF DEATH.	NTRIBUTING 🗀	DESCRIBE	HOW INJURY OCCURRED (nter nature of inju	ry in Fart I ar	Part II of iten	n 18)	I		
	MEDICAL	20c. TIME OF INJU Hour s.m. p. m.	RY Month, Day, Yea	While	NJURY OCCURRED 200 PLA Not white tk at work	CE OF INJURY (Ho ory, street, office b	me, form, 20 ldg., etc.)	f. (City or for	vn)	(County)	(State)	
		21. I certify the	hat I taok charge	of the r	emains described abo	ve, held an A	Autapsy	, Inspec	tion 🔻	Inquiry 3	and in my	
		apinian death	resulted fram: 1	Vaturol c	auses 🔀. Accident	, Suicide	, Hom	icide 🔲,	Undeter	mined manne	r 🔲	
		ACTUAL /4	(11)		1.00						DATE SIGNED	
		SIGNATURE /	1. Vara	crey	11 10	_ M D,	DICAL EXAMIN					
		EXAMINER'S				ASSISTAN'	T MEDICAL EX	AMINER [
		NAME (Type)	.V.Deming		•	DEPUTY M	IEDICAL EXAM	INER 1	ct. 2	2-1957		
	220	BURIAL, CREMATIC REMOVAL (Specify)	N. 226 DATE THEREO		22c. NAME OF CEMETERY OR		27d	LOCATION (• • • • • • • • • • • • • • • • • • • •	(State)	
		Burial	Uct. 25,	1957	Oldtown Ceme				m, Mai	ryland		
	23.	FUNERAL DIRECTOR			ADDRESS	/	40 REC'O BY	REGISTRAR	246 REGIS	TRAR'S SIGNATUR	E	
		William H	H. Kight, Co	mberl	and, Maryland	·	N.24.	1957	W.Ka	ds Can	reson.M.	
								7-7-	Okto	no Reg.	istrar	

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Hatt	211	are room	8, Film Ga	0054	CERTIFICA	ATE OF DEATH	1	Reg. Di	st. No.
į	1. f	LACE OF DEATH				2. USUAL RESIDENCE (WE			nce before admissi
		. COUNTY ALLEGANY_			MARYLAND	MARYLAND	b	ALLEGAN	IY
	l	CITY OR TOWN (f outside corporate limit parest town)	s, write c.	LENGTH OF STAY IN TO	c. CITY OR TOWN (IF o	outside carporate lim	its write RURAL and	give nearest lawn)
		CUMBERL			91 DAYS	CUMBERLAND	Mura	L 3	
,	•	OR INSTITUTION	At (If not in hospital, gi	ive street odd:	ress)	d. STREET ADDRESS	ADDOCK DD	1	o IS RESI
-			L HOSPITAL				ADDOCK RD		YES 🗌
		IAME OF DECEASED Type or print)	ROSETT		Middle	CATLETT	OF	Month OCTOBER	Doy Y
ŀ	S. S				NEVER MARRIED	B. DATE OF BIRTH	-		I YEAR IF UNDE
		MALE	WHITE	WIDOWEDY		WY 15 18	Za lost	(In years IF UNDER Months	Doys Hours
L.		USUAL OCCUPATION	ON (Give kind of work o	dane Job KIN		ISTRY 11. BIRTHPLACE (Slote	or foreign country)	T	TIZEN OF WHAT
1017	1		king life, even if retired)	Mirel	1 forme	WEST VIRG	INIA	Ų. S	. AMERIC
L	j 3.	FATHER'S NAME	//	- Covered &		14 MOTHER'S MAIDEN	NAME .	n	
-1		Z. N. MAR	TIŇ			susa	in 150	sley	
		WAS DECEASED EVE	R IN U.S. ARMED FOR	CES7 16 SOC	TIAL SECURITY NO 17	MEMORIAL HOSP	ITAL	Address CLB	BERLAND
		10			1 one	INCINOISTAL TIOOT	TIAL	, (0)	
			ATH [Enter only one co ATH WAS CAUSED BY.	use per line fo	or (g), (b), and (c)]	110. /	Beril	1	ONSET AND
		PART I. DEA	IMMEDIATE CAUSE (o		Cerenwal	Vasimeal.	10 ella	268	
		e	DUE TO		Allen to s.	alletonst.	Lie Co	dellas	Mario
		Canditions, if a gave rise to i	mmediate (DUE TO)	149 Ezereusu	e cureus []	rotte cur	<u>acanserue</u>	PRECION
		couse (o), staling lying couse last.	the under-		Plattene	ed Uge			
	Z Ö	PART II. OT			TRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PAI	RT 1(a) 19. WAS A
)	CATI								YES 🔲
	CERTIF	200 ACCIDENT W.	S UNDERLYING THE	206 DESCRIE	E HOW INJURY OCCURR	ED (Enter nature of injury in	Part 1 or Part II of v	tem 1B }	
		(IF EITHER, NOTIFY	MEDICAL EXAMINER)		Tail				
	MEDICAL	20c. TIME OF INJUI Hour a. m.		While _	Not whilefi	LACE OF INJURY (Home, form actory, street, affice bldg., at	n, } 201 (City or low i.}	n} (County)
	W.	p. m.	19	at work	ol work		1001	e*7	
			nat I attended the	deceased		19,2/_, to	C)er-		last saw the
		alive an <u>الكا</u>	All	192	, and that dept	h accurred at 4:10F	M, from the ADDRESS (Street, or		he date state
		ACTUAL SIGNATURE	Hellen	ulli.	(1.11)	133/1/10	112 A110	Bustant	al 101
1			A JUNATARY	10 00 00 00 00 00 00 00 00 00 00 00 00 0	7	MU. Lacine billigh	Park to Lake Hard - p	711-1	
		PHYSICIAN'S NAME (Type)	R. OVERTON	HIMMEL	WRIGHT			INCL	
	220		N, 226. DATE THEREC)F 2	2c. NAME OF CEMETERY	OR CREMATORY	22d LOCATION (ity, town, or county)	(State
		REMOVAL (Specific	OR 9 20.	1957	Rose He	If Cem?	Cump	erland	m
	23.	FUNERAL DIRECTOR	'S SIGNATURE	0	ADDRESS	245) RE9	D BY REGISTRAR	246 REGISTRAR'S SI	GNATURE
	0	James	Stein,	inc.	Crusil	mc - well	. J-J- 19NT	W. Koss	camer
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1				MARYLA	ND STATE DEP	ARTMENT OI	F HEALTH-E	BALTIMORE	, 18	
ion cor	porate	111	กเร	1005	6 CERT	IFICATE O	DEATH		Reg. Dist. No.	10057
- in \		٥	COUNTY	legany		YLAND O STAT	mary	b. COU	titutioni Residence befor	e odmission)
the funeral shaufd lie			ume			C	umberl	corporate limits, wi	ite RURAL and gura heo	
and 2 she			OR INSTITUTION	J Fayette	Street	d. STRE	H9 F	rette	St-	IS RESIDENCE ON A FARM? YES NO
-		~	AME OF ECEASED Type or print)	Margaret	Midd	Jan	son 0	ATE OF TOPE	Her 3	1957
completely fill papers. Pages oth.			male	White wi	MARRIED NEVER MARI	ED Nov.	22,186	9. AGE (In y last big!bd	yrs Manths Days	Hours Min.
- A	1		during most of we	10N (Give kind of work done orking life, even if retired)	Home Home		THPLACE (State or for ENTY (, Pa	U.	SA.
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he attendin			FART I. DE	EATH [Enter only one couse EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), and (q	nyocerde	el degree	rerateo	- INTE	ET AND DEATH
ed by # rmit. Ti ony eve			Conditions, if gove rise to	immediate (Cerebr	al ary	terlos	cleros	CD	?
sicion. seen sign fransit pe il, and in		Z	lying couse lost Past II. O		Chance ONS CONTRIBUTING TO D	Replied to the service of the servic	Grefe O	SISEASE CONDITION	GIVEN IN PART 1(0)	7 WAS AUTOPSY
ng physical properties of the physical	0	IFICATION	200 ACCIDENT V	Selection of 120h	DESCRIBE HOW INJURY	reords	con			PERFORMED?
attendir artificate as the b		CAL CERTIFI	OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF INJU	G D CAUSE OF DEATH Y MEDICAL EXAMINER)	20d. INJURY OCCURRED		JRY (Hame, form, 20)		(County)	(State)
pital ar for use cremati		MEDICAL	Havr e.m	19	While Not while of work	foctory, street,	office bldg., etc.)		17	
OR: Afte proched burial,			alive an	that lattended the de	-1				es and on the da	
ined by DIRECTO	1		ACTUAL SIGNATURE	uce 62	Mean	M.D	19 gree	eeo 8/	· · · · · · · · · · · · · · · · · · ·	10/4/57
be reto		220	PHYSICIAN'S NAME (Type) BURIAL CREMATI	James E. Mcl		METERY OR CREMATO	RY 22d	LOCATION (Cpty, to	way of Control	(State)
TO FUT Poge the r			RBMOVAL (Specif DULLU UNEBAL DIRECTO	119610	7 Kose /	fill Co	m. (rember	REGISTRAR'S SIGNATUR	M C
VS A15 (4) 15M 9/55			Jours	Allenin	c. (un	b. md	. 6xt. 5	1957 7	Ross Cam	eron, Mid
								' CR	rung reg.	es vas

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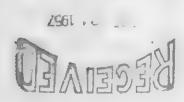
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			V.F. WILLI			TE OF DEATH	are deceased lived. If instituti	Reg. Dist. No.	admission)
	1. P	LACE OF DEATH COUNTY ALL	LEGANY		MARYLAND	PENNSYL			
	t	CUMBER	f outside corporate line	nits, write c.	LENGTH OF STAY IN 16	COTY OR TOWN (IF OF ARTEMA	stside corporate limits, write R	URAL and give neare	st town)
10	(OR INSTITUTION	AL (If not in hospital, EMORIAL HOS	SPITAL	lress)	d. STREET ADDRESS		•.	IS RESIDENC ON A FARM YES NO
	3. 1	NAME OF DECEASED Type or print)		ÖRGAN	Middle CL	I NGERMAN	4. DATE Mor		Yeer 19 5 1
	5. \$	ex MALE	6. COLOR OR RACE	7 MARRIED	A	DEC. 10,1867	9. AGE (In years loss by thiday) yrs	Months Days	UNDER 24 H Haurs Mil
1	10o	during most of work	ON (Give kind of work king life, even if retire RERED FARM)	d)	ND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Shole of ARTEMA	or foreign country)	12. CITIZEN OF	
	13.	JOSEPH	CLINGERMA	N		14. MOTHER'S MAIDEN N			
JR.		WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16. SO	CIAL SECURITY NO 17.		TAL - CUMBERT	ÄND, MD.	
	\		ATH [Enter only and	/ 1//	form(o), (b), and (c).)	54 0 4		INTER	VAL BETWEE
-		PART I. DEA	ATH WAS CAUSED BY. IMMEDIATE CAUSE DUE T	(0)	your	V aparte	2-Man	un 1	Ode
ny e		Conditions, if o	ony, which	(b)					
i i		cause (o), stating lying couse lost.		O (c)					
aval, an	CATION	PART II. OTI	HER SIGNIFICANT CO	NOITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GI		WAS AUTOI PERFORMED YES NO
or rea	CERTIFI	20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER	20b. DESCRI	BE HOW INJURY OCCURRE	D. (Enter noture of injury in F	Port 1 or Part II of item 18 }		
5	MEDICAL	20c. TIME OF INJUR Hour o, m. p. m	RY Month, Doy, Y	While	URY OCCUPRED 20e. PL Not white of work	ACE OF INJURY (Home, form ctory, street, office bldg, etc.	20f. (City or town)	(County)	(S)
<u> </u>		21. I certify the	not I offended th	e deceosed		The state of the s		that I last sov	
		alive on	VM 7	19 0	ond that death		M, from the couses/ ADDRESS (Street, city or town	ond on the date	stoted ob DATE SI
		ACTUAL SIGNATURE	W. T.	Me	lleame	MO. Vien	varians	SMX	10:26
, cema, cema					ALIC				
strat priar ta bunai, cremo		PHYSICIAN'S NAME (Type)	DR. W.F	. WILL	IAMO				
he registrar priar to burial, cremo	220	PHYSICIAN'S NAME (Type) BURIAL, CREMATIC REMOVAL (Specify) BURIA	ON, 226. DATE THER		22c. NAME OF CEMETERY CO Fairview Cer		22d. LOCATION (City, town,	or county) ennsylv an 1	(State)

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Maria Wall

1		D STATE DEPARTME	NT OF HEALTH	-BALTIMORE, 1	8 10059
hin cornorate	10058	3 CERTIFICA	TE OF DEATH		Reg. Dist. No.
filed with	i. Place of Death • COUNTY Allegany	MARYLAND	2 USUAL RESIDENCE (Who o. STATE Maryla	b. COUNTY	on, Residence before admission)
å å	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Cumberland	c. LENGTH OF STAY IN 16		tside corporate limits, write R	URAL and give nearest town)
2 should	d. NAME OF HOSPITAL (If not in hospitol, give street or institution Sacred Heart Hospit	et oddress)	d STREET ADDRESS	Zentre St.	e. 1S RESIDENCE ON A FARM? YES NO
) and	3. NAME OF First DECEASED (Type or print) Lionnis	Middle L.	Lost Cohen	4. DATE Mon	th Doy Yeor
s. Page	5. SEX 6. COLOR OR RACE 7 MA	RRIED NEVER MARRIED NX B		9. AGE (In years lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
corbon papers.	10a. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if ret red). Retired Foreman —American	b KIND OF BUSINESS OR INDUST	Y Germany		12. CITIZEN OF WHAT COUNTRY
	3. FATHER'S NAME Michael Coher	3	14 MOTHER'S MAIDEN NA		
72 hours after	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 [(Fis., no. or unknown)] [(If yes, give war or dates of service)]	100 031 030	rs. Guy Long.	702 N. Centr	
it permit. Then pless re nd in any event within 72	1B. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Out 10 Conditions, if ony, which gove rise to immediate couse (o), stoling the under-lying couse lost.	line for {o}, (b), and (c).]	alosis		INTERVAL BETWEEN ONSET AND DEATH
burial-trons	PART 11. OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BUT IN		· · · · · · · · · · · · · · · · · · ·	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
emotion, a	20c. TIME OF INJURY Month, Doy, Year 20d Hour o. m. Whi		CE OF INJURY (Home, form, ory, street, office bldg , etc.)	20f. (City or lown)	(County) {Stole
ror prior to burial, or	21. I certify that I attended the decertative on 19 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) LEO H LEV M. D.	/	A D	2.M, from the causes a DDRESS (Street, city or town,	172/57
page the registr	Purial (Specify) NAME (Type) I.O. H. T.O.Y. M.D. 220. SURIAL, CREMATION. 226. DATE THEREOF REMOVAL (Specify) Oct. 23. 195	22c NAME OF CEMETERY OR East View Cer	CREMATORY	ntre St., Cumb	or county) (State)
8 ± 15 (4)	James F. Scarpelli, Cumb	ADDRESS	26. REC'D	BY REGISTRAR 24b REGIS 3. 1917 W. A	STRAR'S SIGNATURE
7733			No. A	1 / ac	ting Registra



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BUREAU V. E.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10060 CEPTIFICATE OF DEATH

10061

leting Registras

	CERTIFICA	AL OF BLATE	Reg. Dist.	No. 4
1. PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (Where deceased		before admiss on)
Allegany	MARYLAND	Maryland	Afflegany	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corpore	te limits, write RURAL and give	e negrest town)
Cumberland	50 years	Cumberland		
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
207 Polk St.		207 Polk St.		YES NO
3. NAME OF First DECEASED	Middle	Lost 4. DATE	Month	Day Year
(Type or print) ANNA	C. CON	NOR DEATH	oct. 10, 195	7 19
5. SEX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED	8 DATE OF BIRTH 9	Anna Adriah Print	EAR IF UNDER 24 HRS
Female White WIDOW	ED X DIVORCED	June 29,1872	85 yrs Monins	ays Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or foreign cou	niry) 12. CITIZE	N OF WHAT COUNTRY
Housewife (Own Home	Maryland	U	ISA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1	
Solomen Rizer		Rachael 27	Known	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes. no. or unknown) { (iff yes, give war or dates of service)	SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
No		arl Connor, Cumb	erland, Md.	
18. CAUSE OF DEATH [Enter only one cause per lin	ne for (a), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	bronic 7	nyocardite	2	2 year
, * DUE TO	2 7 = 1	alexoni's		-5
Conditions, if any, which by (b).	vanuo	curous		Juste
couse (o), stating the under-				•
lying couse tost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART I	(a) 19. WAS AUTOPSY PERFORMED?
S ACCIDIANT MAS INDENNING ID 100 PERSON	CORE LIGHT IN THE A COLLAR.		1. ()	YES NO M
OR CONTRIBUTING II CAUSE OF DEATH	CKISE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Port	l or item 18.)	
		ACE OF INJURY (Home, form, 20f. (City of tory, street, office bldg., etc.)	or town) (Cou	inty) (State)
While at war		and the state of t	. 4	
21. I certify that I attended the deceas	ed from Oct 9	11 195/10 (1Pt)	195 /that I las	it saw the deceased
alive on MCX 9" 196	57, and that death	occurred at 10 A M, fram	the causes and an the	
00			et, city or town, state)	DATE SIGNED
SIGNATURE Y, W. Ircurs	Ris, NE	M.D. Cumberland	ima le	17-11-57
PHYSICIAN'S RIMITRE	VASKIS,	JR Cumbers	land, Mr.	ryland
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c NAME OF CEMETERY O	R CREMATORY 22d. LOCATIO	ON (City, town, or county)	(State)
Burial 10-12-1957		Cemetery Cumb	erland, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a, REC'D BY REGISTR	AR 24b. REGISTRAR'S SIGN	ATURE
Byron Kight Cumber	rland, Maryl	and bare/./2.195	7 W. KOSAI (a)	merpy. Mo

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page may be retained by the haspital ar attending physician.

TO FUNSRAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill page.

The page and be detached for use as the burial-transit permit. Then please remave carbon papers. Page the restrict prior to burial, cremation, or remaval, and in any event within 72 hours after degrift. VS A15 (4) 15M 9/55

2 .V U.S.

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MACEINEN K. 8.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 10132 Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) · COUNTY a. STATE Allegany **b.** COUNTY MARYLAND Maryland Allegany T funerol b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cumberland Rural Cumberland Rural. d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO Oldtown Road Route 4. Oldtown Road NAME OF Middle 4. DATE Yeor DECEASED OF DEATH (Type or print) Davis October 26. 1957 19 Harrv Mason 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9 AGE (In years lost birthday) 5. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Manths Hours WIDOWED [DIVORCED [Male 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Retired Farmer General Farming Spring Gap. Maryland USA puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Davis Amos Sarah L. Little 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Rt. 4, O'Tatown Road No. None Cora H. Davis, Cumberland, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Meno 316~ **DUE TO** Canditions, if any, which] gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day. Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) Hour a. n. Not while of wark of work p. m. 21. I certify that I attended the deceased from . 1952, that I last saw the deceased , and that death accurred at 🗸 M, from the cause's and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Greene Street, Cumberland, Md. 220. BURIAL, CREMATION, 22d. LOCATION (City, Igwn, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Allegany County, Maryland 429/57 Davis Memorial Cometers Burial 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE John J. Hafer, Cumberland, Maryland

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that the deoth certificate be

Puntal L. F.

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corporat	i	lm"ia	MARYI , 10		STATE DEPAI		TE OF			TIMORE, 1	Reg. Dis	4.00	164
M	1.	PLACE OF DEATH COUNTY	Allegany		MARYL	AND		DENCE (Wh		d lived. If instituti b COUNTY			ission)
		RURAL ond give			c. LENGTH OF STAY I	N 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					wn)	
n		d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Prederick St						LUOO I	rede:	rick St.		ON	A FARM?
		NAME OF DECEASED (Type or print)	Fir Nary	st .	Middle Zlizabetl		De Vá		4. DATE OF DEATH	Mor (cto	m ber 1	Day 7	Year 19 5
		SEX F	W	WIDOW			. DATE OF BIRT March 3	31, 18		9 AGE (In years lost birthdoy) 80 yrs.		1 YEAR IF UN Doys Hour	
e I,	7	llousev	TION (Give kind of work of orking life, even if retired /110		KIND OF BUSINESS OR Own home	INDUS		ACE (Stote of		ountry)	12, CIT	US 21	AT COUNT
a offer d	13.	FATHER'S NAME	Samuel Mill:	>			14. MOTHER'S			Highteng	ale		
72 hours	1\$. Ye	WAS DECEASED E	VER IN U. S. ARMED FOR (If yes, give wor or detes of a		SOCIAL SECURITY NO.	1	FORMANT			Add	ress	1 ad,	ad.
event within 72	1B. CAUSE OF DEATH [Enter only one couse per line for (g), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) The order of the country of the								INTERVAL ONSET AN	BETWEEN D DEATH			
in any		Canditians, if gave rise to cause (a), statin lying cause las	g the under-		Mias	an	-an					3 2	24-36
removal, and	CERTIFICATION		THER SIGNIFICANT CON		CONTRIBUTING TO DEAT	TH BUT I	OT RELATED TO	THE TERMIN	VAL DISEAS	E CONDITION GIV	'EN IN PART	PERF	AUTOPS ORMED?
, or re			VAS UNDERLYING THE CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC								
emation	MEDICAL	20c. TIME OF INJU Hawr a. fr p. m	14	While of wor	Not while	PLA Foct	CE OF INJURY (pry, street, office	Home, farm, bldg., etc.	20f. (City	or lown)	(C	ounty)	(Stot
to burial, a		alive on	that I attended the	deceas	ed from 12	death	occurred at	7, 10 0	M, from	n the causes of treet, city or fown,	nd on th	ast saw the	
rar prio		ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Clay E. On	ret	t	<u> </u>	.D				74		7,13.
20 CC	220	BURIAL, CREMAT REMOVAL (Specif Burial	ION, 226. DATE THEREO	F	22c. NAME OF CEMET					TION (City, town, o		(\$1	ote)
4) 5	23.	FUNERAL DIRECTO			ADDRESS		rery	24gr. REC'P		ICONING	TRAR'S SIG	NATURE	501/
								W		1 ac	ting	Regis	bas

BUREAU V. L.

MEGEDAED

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10065	5
Within corporat	. 10063 CERTIFICATE OF DEATH Reg. Dist. No. 4	4
director	PLACE OF DEATH o. COUNTY Allegany MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission of STATE Maryland b. COUNTY Allegany	n)
funeral uld be	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cumberland 6/10/57 Cumberland Cumberland	
urs ofte by the nd 2 sho	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Allegany County Infirmary d. STREET ADDRESS ON A F YES VES VES VES VES VES VES VES VES VES VES VES VES VES VES VES VES	FARM?
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and com	Ob USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Retired - Bridge Builder Cumberland, Maryland U. S. A.	
ate be	Joseph L. Dickerhoof Henrietta Rank	
ing physic remover	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT P.O. Box 599 Address Cumberland Allegany County Infirmary Records	1,Md.
of the death the ottend. Then pleos	18. CAUSE OF DEATH [Enter only one cause per line for (a). (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO INTERVAL BETY ONSET AND D	NEEN DENTH
gned by permit.	Conditions, if any, which gove rise to immediate cause (o), stating the under: DUE TO DUE TO	
ohysicion. ss been si oh-tronsit ovol, ond	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL-DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALL PERFORM TEST OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALL PERFORM TEST OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALL PERFORM TEST OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALL PERFORM TEST OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALL PERFORM TEST OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALL PERFORM TEST OF THE TEST OF	MED?
IAN: The	20a. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enley nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH	🖭
PHYSIC al or all this certi this certi this certi	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED Hour o. m. While Not while of work at work at work	(State)
NDING • hmpik : After t ched for	21. I certify that I attended the deceased from 6/10/57, 19, to 10/17/57, 19, that I last saw the divide on 10/17/57, 19, and that death accurred at	
R ATTE	ADDRESS (Street, city or town, state) DAT	re signed
retone L Dis	PHYSICIAN'S Or. J. E. McLean, Cumberland, Md.	
mmy be people the regis	20. BURIAL CREMATION 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (Giy, town, or country) (Stope Or Lander Of 20, 195) St. Lukes Cem. Cumberla M.C.)
VS A1S (4)	3. FUNERAL DIRECTOR'S SIGNATURE Signature Cumb. M. Q. 240 REGISTRAR 240 REGISTRAR'S SIGNATURE	۵.
	acting Conin	tai

EUREAU V. S.

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o COUNTY	Allegany	7	MARY		- CTATE	Mary]		d lived. If instituti b. COUNTY		egan					
b. CITY OR TOWN (b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)								
Midlo			40 yrs.	.	× M1	dlot1	nian.								
	TAL (If not in haspital, s	give street	address)		d. STREET A						S RESIDENCE ON A FARM? ES NO X				
3. NAME OF	Fi	rsi	Middle		Losi	1	4. DATE	Mar	oth	Doy	Yeor				
(Type or print)	Pe	arl	В.		Dudle	У	OF DEATH	Oct	*	4th,	1957				
5. SEX	6. COLOR OR RACE	7 MARE	NEVER MARRIE		DATE OF BIRTH	4		9. AGE (In years lost birthday)	Months Months		UNDER 24 HRS				
Female	White	WIDOW	ED DIVORCE	oo S	ept.ls	t,18	91	66 yrs.	Monins	Days H	ours Min.				
10a. USUAL OCCUPATION during most of work	ON (Give kind of work	dane 10h	KIND OF BUSINESS O	R INDUSTR	Y 11. BIRTHPL	ACE (Slate i	ar foreign c	auntry)	12. CIT	IZEN OF V	VHAT COUNTRY				
Housewi	fe	" H	busework		Ma	ryla	nd		T	JSA					
13. FATHER'S NAME					14. MOTHER'S					- C21					
Geor	ge Bennet	tt			Jessi	e Ni	chol.								
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	RCES7 16.	SOCIAL SECURITY NO	. 17 INF	ORMANT			Add	ress						
(Yes. no. or unknown)	(If yes, give wor or dates of	retaice)	None	Joh	n Dudl	ey.									
18. CAUSE OF DEA	ATH [Enter only one co	puse per lis	ne for (a), (b), and (c).	1		,		/		INTERV	AL BETWEEN				
	TH WAS CAUSED BY:		Malica	100/	1 116	160	10.50.1			ONSET	AND DEATH				
	IMMEDIATE CAUSE (c		1112100	Mar 1	- Maria	Re		20011		1	1-10/00				
146 X		,	701.11	1117	- 1/-		1								
Canditions, if a	mmediate	,	MARON	40)	159	//	et t	20/00							
cause (a), stating	the under-	>													
lying couse lost.		(2)	ONTRIBUTING TO DEA	VIA DIT NO	OV OFLATIO VO	7115 7501111	ALL DIEFAS	COLUMNIA CO	(Fa . 15 . 5 . 5	7 1/ 1/20 1	MAC ANTORCY				
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3	1166	/7/	A JU	60	5/1	4				YI	S NO 🗗				
	AS UNDERLYING THE CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY O	CCURRED	(Enter nature Ø	T injury in P	art I ar Par	1 II at item (B.)							
	lY Manth, Day, Ye		NJURY OCCURRED	20e. PLAC	E OF INJURY (I	Hame, farm,	20f. (City	or lawn)	l	County)	(State)				
Hour e.m.	19	While at wor	k at wark	1000	· y, sireer, diffee	r grag , erc.	1								
21. I certify th	nat 1 attended the	deceas	ed from		19.55J	Tio 6	let	5/, 19.5	That I	last saw	the deceases				
olive an	lest 30	19 3	-	death o				n the causes							
		7	-2/					freet, city or jown,			DATE HONE				
ACTUAL	(dots	2/0	Leve		. 1	31/	1	//ka		/	14/4/5				
INGYON TARKE	11		2	M.	D	1	£à	2112							
PHTSICIAN'S NAME (Type)	/dohw	6	Beven	5		100	126	bur	1/	7d					
220 BURIAL CREMATIC	ON, 22b. DATE THERE	ŎF.	22¢ NAME OF CEM	ETERY OR	CREMATORY		22d LOCA	TION (City, town)	or county)		(State)				
Burial	10-6-19	957	Eckhart	Cem	etery		Eckl	nart,			Md.				
23. FUNERAL DIRECTOR			ADDRESS			24a. REC'(BY REGIS	TRAR 246 REGI	STRAR'S SIG	GNATURE	1, 6				
Joseph R.	Durst,	F	rostburg,	Md.		DATE //	100	7 711	2/10	1111	1 X/ #				

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 in by the funeral director, and 2 shauld be filed with may be retained by the haspital ar attending physician.

TO FUNERAL DIMETER: After this certificate has been signed by the mending physicial and campletely fill page. Nould be detached far use as the burial-transit permit. Then please remove carbon papers. Pages the regular prior to burial, cremation, or remaval, and in any event within 72 hours after death.

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13 A 17 100

PUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Willia corporate limita 10064 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY Allegany b. COUNTY MARYLAND W. Va. Morgan 101 b. CITY OR TOWN (If outside corporate limits, write & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give genrest town) Cumberland I week Paw Paw. W. Va. d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS OR INSTITUTION Sacred Heart Hospital NAME OF Middle 4. DATE Month DECEASED Thomas Duvall (Type or print) DEATH Oct. I9576. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Male white Oct. I897 WIDOWED | DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign covering during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? death. Railroad Prince Willaim County USA Railroad Signalman ofter 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Joseph Duvall Martha Madden 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Mrs Lulu Grace Duvall, Paw Paw, W. V No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Canditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, office bldg., etc.) 0.0 Not while at work at work 21. I certify that I attended the deceased from. 1947, that I last saw the deceased alive on UC and that death occurred at 1:07 A.M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) LYSLE R. EVERHART, M.D.

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

220. BURIAL, CREMATION, 226. DATE THEREOF

TO /6/57

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Burial

Forest Glen Greenspring 24a, REC'B BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, town, or county)

e. IS RESIDENCE

YES NO

Yeor

19

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PERFORMED? YES 🗍 NO 🖬

(State)

DATE SIGNED

(Stote)

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wc				10065		TE OF DEATH	R	eg. Dist, No. 4
Page director	M			Allegany	MARYLAND	g. USUAL RESIDENCE (Where	e deceased lived. If institutions b, COUNTY	Residence before admission) Allegany
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ours n by nd 2	7			Allegany County			Main St.	YES NO M
22 T				AME OF First ECEASED ype or print) Leslie	Middle	Eisel	DEATH October	15, 19 57
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eath endir lease thin				18. CAUSE OF DEATH [Enler only one cause per line for (o			0	INTERVAL BETWEEN
he of the of				PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)	Coro	nary Sci	Proses	Quality
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HYSIC I or off his certi- use as			MEDICAL	20c TIME OF INJURY Month, Day, Year 20d. INJURY C Haur a.m. While Not work ☐ at		E OF INJURY IHome, farm, ry, street, affice bldg., etc.)	20f (Cily or lawn)	(County) (State)
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R ATTE		7		ACTUAL SIGNATURE A STATE OF	ZUM.		ODRESS (Street, city or lown, stor	
retaine L DII				PHYSICIAN'S Dr. J. E. McL	ean	Cumberla		
HOSP noy be FU Soge			220	DEMOVAL (Specify)	og . Memoria		Prostburg.	aunty) (State) Md.
5 5				UNERAL DIRECTOR'S SIGNATURE	DORESS			AR'S SIGNATURE
VS A1S (4) 15M 9/55	2		J	oseph R. Durst, Frost	burg, Md.	Concer.	7,1957 W. Kos	& Cameron, M.
	1						arte	un Registrar

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18 10069 10112 CERTIFICATE OF DEATH Rea. Dist. No. director, iled with 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH filed a. COUNTY **b.** COUNTY Allegany MARYLAND Marvland Allegany death. ero c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Frostburg dava Midland d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Miners Hospital YES NO NAME OF 4. DATE First Middle Lost Month Day Year DECFASED 77 Ann Lee Fair DEATH October (Type or print) 19 57 臣 IF UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE S. SEX 7. MARRIED T NEVER MARRIED TO 8. DATE OF BIRTH AGE (In years lost birthday) Months Days Hours Min. White Female WIDOWED [DIVORCED | June. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Student St Joseph School Lonaconing. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion Unknown Elizabeth Fair remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 0 ğ Midland. Rair none James Maryland edse altendi 18. CAUSE OF DEATH [Enter only one couse per line for (o), 16, and 40. INTERVAL BETWEEN ONSET AND DEATH ă PART I, DEATH WAS CAUSED BY-Then the DUE TO ģ ony Conditions, if any, which permit (b) gave rise to immediate DUE TO cattle (a), stating the underlying couse lost. **buriol-transit** PAST II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO D 20a. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING ACCUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day. Year 20d. INJURY OCCURRED PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. Not while 19 of work of work p. m. 21. I certify that I attended the deceased from _____that I last saw the deceased M, from the causes and an the date stated above. and that death occurred DIRECTOR: DDRESS (States city or town, slate) ACTUAL D AL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) abod REMOVAL (Specify) Belvedere Cemeterv Midland. Buria Ma 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 1,246 REGISTRAR'S SIGNATURE **VS A15 (4)** Eichhorn Lonaconing Md 15M 9/55

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BUNEAU V. S. 0CL TD 1821

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10071 Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) eral director, please eral director, Page ned for your files, te Board of Health, a COUNTY Q. STATE b. COUNTY d. Allegany MARYLAND Alleganv b CITY OR TOWN III outs de corparate limits, write EURA, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest town) lindland Cumberland hrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDEN E Memorial Hospital YES NO P NAME OF 4. DATE Middle Lost Month Year DECEASED OF William Oct. flype or printl Grav DEATH 19 5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH AGE the years IF UNDER TYEAR IF UNDER 24 HRS 5 may b fost berinday) Months Hours Min. white male WIDOWED [7] DIVORCED [7] 11 BIRTHPLACE (State or foreign country) Poge 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) lining Coal Hoscow, I'd. red Coal within 24 hours after 18. Give Poges 1 ag with form PM3. ermit. File poges 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Poges F Frank Grav Agnes Douglas 40 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address No Hospital emorial records 18 CAUSE OF DEATH [Enter only one cause per l'ne for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardiac failure IMMEDIATE CAUSE (a) o Office **DUE TO** Ruptured left auricle of heart. Canditions, if any, which gave rise to immediate cause col Examiner's used as a bus **DUE TO** (a), slating the underlying Pulmonary edema (marked) cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO [200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) ₹ <u>"</u> CAUSE OF DEATH. writing the wo 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or fown) (County) (State) factory, street, office bldg., etc.] While 6. m. Not while at work of wark 23. I certify that I took charge of the remains described above, held an Autopsy [4]. Inspection *. Inquiry F rlificate, v prworded t IRECTOR: opinion death resulted from: Notural causes * . Accident . Suicide . Homicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY H.V. Deming M.D. DEPUTY MEDICAL EXAMINER RE NAME (Type) Oct.18-1957 270. BURIAL CREMATION | 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Lonaconing, Maryland 9 Old Lonaconing Cemetery Oct. 20, 1957 Burisl 23. FUNERAL DIRECTOR'S SIGNATURE 240 RECID BY REGISTRAR 245 REGISTRAR'S SIGNATURE VS. A15ME George Eichhorn, Lonaconing, Maryland, Exapter M

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physicion move cor hours oft		15.	WAS DECEASED EVE	Albertus R IN U. S. ARMED FOR		L SECURITY NO. 17.	INFORMANT	Branc	h Bill	ress	
cerri g pt rem 72 h	P	Yes	no, or unknown)	(It yes, give wor or dates of s	ervice}	one	Stanley	Gree	n Lonacon	ing. M	d.
eom endir leose ithin				ATH [Enter anly one ca	- E)	(a). (b). and (c)/)	"Hus	band		IN	TERVAL BETWEEN
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R ATIE			ACTUAL SIGNATURE	Santa	urlila	Muy	м.р. 48 В	roadv	ADDRESS (Street, city or town. ray, Frontbu		1 - 4 - 1
retaine AL DIS	- 1		PHYSICIAN'S NAME (Type) H	ilda/Jane	Walter	cs. M. D.					te before admission] rett ive nearest town] th e is residence On A FARM? YES
a Marian		220	BURIAL CREMATIC REMOVAL (Specify	ON, 226. DATE THEREC	F 22c.	NAME OF CEMETERY	OR CREMATORY		22d. LOCATION (City, town,	or county)	(State)
٥		00	Rurial	10/28/		Greens Ce	metery	1		unty,	
VS A15 (4)	A _{ga}		funeral director	ichhern		aconing,	Md.	DATE	BY REGISTRAR 24b. REGIS	STRAR'S SIGNATI	JRE 2/4)
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CERTIFICATE OF DEATH 10135 Red. Dist. No. director 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) PLACE OF DEATH 111 o. COUNTY **b.** COUNTY Allegany Maryland MARYLAND Allegany c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) funeral b. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 å shauld Eckhart Eckhart e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS YES NO 🛛 NAME OF Middle Lost 4. DATE Month Day Year First DECEASED Oct. P. GROTER JOSEPH DEATH 19 (Type or print) 9. AGE (In years last birthday) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS and completely Months Days Hours white WIDOWED | DIVORCED | male 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
retired motorman U.S.A. coal mines Belgium LA MOTHER'S MAIDEN NAME 13. FATHER'S NAME Anna Holtschneider Joseph Groter 17 INFORMANT 16 SOCIAL SECURITY NO 15, WAS DECEASED EVER IN U. 5 ARMED FORCES? 14-01-6642 John Groter, Eckhart, Md. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY. UP BA **DUE TO** ۾ Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III) 19 WAS AUTOPSY PERFORMED? YES T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) 20c TIME OF INJURY Month. 20d. INJURY OCCURRED (County) Doy, Year factory, street, office bldg , etc.) Hour o.m of work of wark 195 / that I last saw the deceased 21. I certify that I attended the deceased from. and that death accurred a 5.304M, from the causes and on the date stated above. alive an_ SIGNATURE PHYSICIAN'S McLane. M. D. Frostburg, Md. NAME (Type) 22d LOCATION (City, town, or county) 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Stole) St. Michael's Cemetery Frostburg, Md. 0 .24b REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Frostburg, Md. J. R. Durst.

within 24 haurs ofter death

requires that the

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DBAILDE

EULEAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10072 FOR STATE Rea, Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) Page a. COUNTY b. COUNTYAllegany files. Health, Allegany a STATE MARYLAND b. CITY OR TOWN | 1 outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) your and give neorest town) Frostburg CumberLand d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) # d. STREET ADDRESS e. IS REJIDENCE ON A FARM? Memorial Hospital J. Center St YES NO I 3. NAME OF DECEASED Hannon Agnes Oct. (Type or print) DEATH 5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED & B DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS 9. AGE (In years fast birthday) Months Hours fe...ale white WIDOWED [DIVORCED T 10a, USUAL OCCUPATION (G've kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page 1 during most of working life, even if retired) etired School teach Title II. Give Hoges 1, 2, endong with form P.M3. Pog endong with form P.M3. Pog ensit permit. File pages 1 and the pages 1 an Barton, I'd. U.S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Ann Martin John M.J. Hannon 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, more war or dates of service) Memorial Mospital records 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion with ryocardial infarcti Office Arteriosclerotic leart disease Conditions, If any, which gave rise to immediate cause DUE TO (a), stating the underlying Reneralized arteriosclerosis cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPSY Swideral heratera, left, due to a fall, peration ohr T. T. PERFORMED? NO 农L 200, EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 16) " 177 77 77 bathroom, took wrong direction of fell down stairs. 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (Stote) foctory, street, office bldg., etc.) Frostburg of work of work Allegant 21. I certify that T took charge of the remains described obove, held on Autopsy , Inspection , Inquiry , opinion death resulted fram: Natural causes 17, Accident 17, Suicide , Hamicide , Undetermined manner DESCRIPTION OF THE PERSON NAMED IN CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER | NAME (Type) H. V. De in DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) Burial St.Michael's 40 Frostburg Md. 23. FUNERAL DIRECTOR'S SIGNATURE 24on RECID BY REGISTRAR J.R.Durst Frostburg, Md.



BULLAU V. S.

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	MARYLAND 10136	STATE DEPARTM CERTIFICA	ENT OF HEALTH ATE OF DEATH	·	10000
1. PLACE OF o. COUNT		MARYLAND			Reg. Dist. No. 6
b. CITY O	TOWN (If autiside corporate limits, write and give recrest town) Westernport	c LENGTH OF STAY IN 15	c. CITY OR TOWN (H o	utside carporate limits, write Rt	
LAISAAF	of Hospital (If not in hospital, give street litution Stoney Run Road	t address)	d STREET ADDRESS Stoney	Run Road	IS RESIDENCE ON A FARM? YES NO.K.
3. NAME OF DECEASED (Type or p	First	Middle Katherine Ha	tost rris	4. DATE Mon	
5 SEX Fomal	فاعتبننا المستحددات والمتناوي والمستحدد	/ED DIVORCED	Dec. 15, 194		Months Days Hours Min.
Stude		. KIND OF BUSINESS OR INDU ligh School	Westernpo	rt, Md.	12. CITIZEN OF WHAT COUNTRYS U.S.A.
13. FATHER'S	NAME Cred Harris			Lambert	
15 WAS DEC (Yes, no, or unity NO			NFORMANT Alfred Harris	Add -Westernport,	
	SE OF DEATH (Enter only one couse per I ART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	ine for (a), (b), and (c).]	ng ch	71.	INTERVAL BETWEEN OBJECT AND DEATH &
gove couse { lying c	ions, if any, which rise to immediate plus stating the <u>under-ouse last.</u> (b) C DUE TO (c)	areinone			
S S	ANT II OTHER SIGNIFICANT CONDITIONS TIDENT WAS UNDERLYING TRIBUTING CAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER	SCRIBE HOW INJURY OCCURRE			(EN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO DE
₹ 20c. TIME	OF INJURY Month, Day, Year 20d.		ACE OF INJURY (Home, form clory, street, office bldg., etc.	20f (City or town)	(County) (State)
	ortify that I attended the decea in Och 17 12	sed fram YUNE 57, and that death	accurred at	(1)	Zithat I last saw the deceased and an the date stated above state) DATE SIGNED
PHYSICIANAME (1	ypel - km + /~	BERRY CEMETERY C	D COCHATODY	22d LOCATION (City, fown,	or county) (State)
Bench	CREMATION, 27b. DATE THEREOF 10/20/57 DIRECTOR'S SIGNATURE	Philos Cem.		Westernport	Md.
SI	1300	Westernport, M		-21-57 Con	~ C Kelly

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within the roomate	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	0084
FOR STATE	10074 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist.	, /
BEALIN DEPI.	1. PLACE OF DEATH COUNTY Allegany	e before odmission)
our files.	b. CITY OR TOWN I outside corporate limits, write RURAL and give neares town) Cumberland Lyr. Cumberland Cumberland	ve nearest town)
Boord directory	d. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street address) d. STREET ADDRESS 233 Gleason St/	ON A FARM?
delay he process		Doy Year 19 57
If any be to the with the work of the	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 18. DATE OF BIRTH 9 AGE (In years left birthdey) 147 yes. Manths Do: 12 V 22-1910 47 yes.	the manager of
r death	during-most of working life, even if retired)	OF WHAT COUNTRY?
Pages 1 PM3.	13. FATHER'S NAME Francis Albert Hartell Anna Elizabeth Snyder	
a 24 ho Give I th form File ony eve	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Vife) no (Wife) Anna Bell Hartell, Cumber	aland.Md.
fred within the day in the day in the mild permit in permit in permit in the mild in the m	18 CAUSE OF DEATH (Feder only one course per line for (a) (b) and (c))	INTERVAL BETWEEN ONSET AND DEATH S dden
in pencil in residenti in residenti in burial-train or removal	Conditions, if ony, which coronary sclerosis gove rise to immediate couse (e), stating the underlying DUE TO	?
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word "p Medic old be oriol, c	200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	
NER: The tree of the control of the	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or lawn) (County factory, street, affice bldg., etc.)	(Stote)
EXAMILE by writing the state of to the state of the state	21. I certify that I taak charge of the remains described above, held an Autopsy, Inspection; Inquiry apinion death resulted fram: Natural causes **. Accident, Suicide, Hamicide, Undetermined ma	
DICAL DIVACIÓN DIVACIÓN RECTO red age	ACTUAL SIGNATURE / J. V. D. 2 M. D. CHIEF MEDICAL EXAMINER .	DATE SIGNED
TY ME of the control of the factor of the fa	EXAMINER'S, NAME (Type)H. V. Deming M.D. ASSISTANT MEDICAL EXAMINER (1) DEPUTY MEDICAL EXAMINER (1) OCT. 20-195	7
TO FULL	220. BURIAL CREMATION. 22b. DATE THEREOF PROMOTERY OR CREMATORY Burial Oct. 22, 1957 Hillcrest Burial Park Cumberland, Marylar 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR'S SIGNATURE	(Stote)
VS. A15ME 5M 2/57	James F. Scarpelli, Cumberland, Maryland. batest 20,1959 U fost a	meron, N'i

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 10137 Reg. Dist. No. I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) direct a. COUNTY **b** COUNTY Allegany ba filed MARYLAND Allegany Maryland neral b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If guiside carporate limits, write RURAL and give nearest town) RURAL and give meorest fown)
ural umberland should Cumberland Rural 6 mos d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION e. IS RESIDENCE d. STREET ADDRESS Rt. 3. Bedford Road 811 Columbia Avenue YES NO T NAME OF 4. DATE Sinct. Middle Lost Month DECEASED (Type or print) Elizabeth Hast DEATH October 30. 1957 Agnes 19 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED NEVER MARRIED Months Min. White Female DIVORCED | June 30, 1870 WIDOWED KT 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast af working life, even if retired) Housewife Own Home Cumberland, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME afi Anthony Elizabeth Schellhaus Gerdeman Henry 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Rt. 3, Bedford Road Ambrose Burkey, No None Cumber land, Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Canditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II af item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED 20f. (City or town) Year (County) (Slote) foctory, street, affice bldg., etc.) a. m. While Not while of work of work p. m. 21. I certify that I attended the deceased from 14 __that I last saw the deceased alive an, and that death accurred at a AM, from the causes and on the date stated above. **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) FUNE 22d. LOCATION (City, town, or county) 22a. SURIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Str. Peter & Pauls Cem. 1957 Cumberland, Maryland 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE John J. Hafer, Cumberland, Maryland

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The same		DR. F	IIMMELWRIGHT	r = 100	7 SERTIFI	CATE OF DEA	TH		Reg. Dist. N	10. 4
M		COUNTY	LLEGANY		MARYLAI	2 USUAL RESIDENCE O. STATEWEST	(Where deceased five VIRGINIA	ved. If institution b. COUNTY	MINER	
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6.0		OR INSTITUTION	RIAL HOSPIT	AL	197	d STREET ADDRES	S			IS RESIDEN ON A FAR YES NO
		NAME OF DECEASED (Type or print)	AN		F. Middle	HEPNER	4. DATE OF DEATH	OCT OB	ER 6	Day Year
	5. 5	EMALE	6 COLOR OR RACE	7 MARRIED WIDOWED	DIVORCED	DECEMBER	24,1876		Months Doys	AR IF UNDER 24 s Hours A
1)/	10a		TION (Give kind of work orking life, even if retire SEWIFE	done 105 KIND	OF BUSINESS OR II	NOUSTRY 11. BIRTHPLACE (S	tote or foreign coun	tryl 80		OF WHAT COU
	13.	FATHER'S NAME HARVEY	TOSAN OK ST	USING		14. MOTHER'S MAID				
0	15. (Ye)	WAS DECEASED E	VER IN U. S. ARMED FO	PRCES? 16. SOCIAL NOTAL		17. INFORMANT MEMORIAL HO	SPITAL -	CUMBERL	AND, MD).
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	WEDICAL 23.	Canditions, if gove rise to couse (a), static lying couse for PART II. Co. Contribution of Con	DR. O. H	(b) Me (c) Me (b) Floor (b) Continuous Conti	CCCURRED 200 Not while of work GHT NAME OF CEMETE! FOR STOCK!	BUT NOT RELATED TO THE T URRED (Enter noture of injure) PLACE OF INJURY (Home, foctory, street, office bldg. 1957, tageath occurred at 6:1 M.D. /33 ///	farm. 20f (City or etc.) O AM, from t ADDRESS (Street	ondition gives of item 18 } town) town) he causes and city or lawn for the course of	(Count that I last and on the distribution of	Saw the decidate stated a DATE S

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Within corporate limits 10077 CERTIFICATE OF DEATH Rea. Dist. No. director, iled with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) D COUNTY filed b. COUNTY MARYLAND lles ann b. CITY OR TOWN (If outlide corporate limits, write ROTAL and give negret, own) c. LENGTH OF STAY IN 16 c. CITY OR TOWN outside corporate limits, write RURAL and end pentent towns ě should lan give street oddresst H NAME OF HOSPITAL (If not in bosnitot) d. STREET ADDRESS IS RESIDENCE... OR INSTITUTION YES TO NO D 4. DATE OF DEATH NAME OF مالحاديقة Month Dav Yepr DECEASED (Type or print) 19 6. COLOR OR RACE IF UNDER I YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED R DATE OF RIPTH 9. AGE (In years last b rthdoy) Months Davs Hours Min WIDOWED . DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF INDUSTRY 111 BIRTHPLACE (Stole or foreign country 12. CITIZEN OF WHAT COUNTRY? duringuralist of working life, even if retired) pup 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address If yes, give way or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO I 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED [Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINERS 20c. TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, 20d INJURY OCCURRED 20f (City or lown) (State) (County) Hour o.m. factory, street, office bldg , etc.) While Not while of work [at wark p. m. 3/.that I last saw the deceased 21. I certify that Lattended the deceased from and that death accurred at M, fram the causes and an the date stated above. DATE SIGNED ACTUAL SIGNATURE 212 ъ PHYSICIAN'S NAME (Type) 220 MORIAL, CREMATION, 226. DATE THEREOF CEMETERY 228 LOCATION OR CREMATORY 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b, REGIS RAR'S SIGNATURE

BULLEAU V. &

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DECENDED

DEPT.		ACE OF DEATH COUNTY	Al	legan	y marylani	O STATE	Where deceased I ved. If inst. Md b. COUN		egany
	ь	Cumber	land	He RUPAL	LENGTH OF STAY IN 16	11	If outside corporate limits, write erland	te RURAL and	give nearest town)
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		male	white	WIDOWED		June 5-191	9 AGE (in years logs to rithday) 1-2 yes	Months E	YEAR IF UNDER 24 HF Days Hours Min
are	10	USE LET.	a Chauff		arpenter Bi		et Co. Pa.	i i	S.A.
I)		Lewis Was deceased eve no. or uninown) no	HOYMAN R IN U. S ARMED F		50CIAL SECURITY NO. 17. 2-12-8459 (T	INFORMANT	Hoyman, Cumbe		,Md
:		Conditions, if on gave rise to immed (0), stating the vectors fost.	nderlying DUE TO	Ar	teriosclero	erosis with h	h angina syr ypertention		5 mo.
)	E E	20g, EXTERNAL CAU PRIMARY or CON CAUSE OF DEATH.	ITRIBUTING [HOW INJURY OCCURRED				AE2 NO P
	MEDIK	20c. TIME OF INJUR Hour a m p. m.	11	While of wo	rk at work	ACE OF INJURY (Home, for clory, street, office bldg , et	(c.)	(Cour	nty) (State)
,	1				emains described at ouses . Accident	Suicide ,	1-2-7], Inquiry termined m	
			I.V.Demir			DEPUTY MEDICA	EXAMINER OCT.	7	and the same of th
		BUR AL, CREMATION REMOVAL (Specify) Burial FUNERAL DIRECTOR	Oct. 16		Mt. Zion Cen	etery	Garrett Coun		(Stote) ryland



1 (/	. ,	Π	MARYLAND STATE DEPART	MENT OF HEALTH-BALTI	MORE, 1	3
		1	I	10115 CERTIFIC	ATE OF DEATH		Reg. Dist. No. 1009
ector with			ī	LACE OF DEATH	2. USUAL RESIDENCE (Where deceased in	ved. If institution	n: Residence before admission)
filed			L.	ALLEGANU	ILLIARVIANO	b. COUNTY	BAPRITT
Ser				CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c CITY OR JOWN (If outside corporat	e limits, write RU	RAL and give nearest town)
in the second			_4	ROST BURG / DAY	GRANTSVIII.	£ (†	CURAL)
by the funeral dired 2 should be filed	4	1		NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION A S HOSPITAL	d. STREET ADDRESS	11×1	• 1s residence on a farm? Yes 10 10
inb			3	AME OF First Middle	Lost 4. DATE	Month	Day Year
-				ype or print) UEORGE MELVIII.	Hummel DEATH	Oct.	12 1957
Pog			5. !	6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH		Months Doys Hours Min
complei			10	WIDOWED DIVORCED	Wet. 4, 1887	70 yes.	
	eoth.	- 1	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)	PUSTRY 11. BIRTHPLACE (State or foreign coun	iry)	12. CITIZEN OF WHAT COUNTRY?
and	o -		12	FARM ER FARM	Marificied		US H
3	7	1	13.	ATHER'S NAME	14. MOTHER'S MAIDEN NAME		
i ii a.	and the same of th	.)	15	VAS DECEASED EVER IN U. S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17	INFORMANT HT	Addre Addre	
	2	1		no. or unknown) (If yes, give wor or dates of terrice)	11	Addre	¥€
ding ose r	5		-	CALLET OF DEATH (F	ESPITAL A ECC	RDS	I market Armer a
i i d	<u> </u>			18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]. PART I. DEATH WAS CAUSED BY.	1 5 6		INTERVAL BETWEEN
hen he	c o			IMMEDIATE CAUSE (o)	+ MFA actes	<u> </u>	I DAY
, , , , , , , , , , , , , , , , , , ,	ě l			DUE TO	- Antenensela		
78 E	8			gove rise to immediate (b)	Hatthe heraela	ACT THE STATE OF	J
	5 5			couse (o), stoting the <u>under</u> tying couse lost.			
icial	6		Z	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH E	UT NOT RELATED TO THE TERMINAL DISEASE O	ONDITION GIVE	N IN PART 1(o) 19 WAS AUTOPSY
syd St	040		ĬĚ				PERFORMED? YES NO 7
ing ph te has buria	E		Ě	200. ACCIDENT WAS UNDERLYING [] 206 DESCRIBE HOW INJURY OCCUP	RED (Enter nature of injury in Part I or Part II	of item 18.)	1.00 1.00
Fical	5		CE	OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
6 6	Ē		MEDICAL		PLACE OF INJURY (Home, form, 20f. (City or foctory, street, office bldg., etc.)	town)	(County) (State)
his o	E		MED	Hour e.m. 19 While Not while of work of work	includy, sites, office blog., etc.)		
re l	ნ _'			21. I certify that I attended the deceased fram OCT	11 1957, to OFF	2 1957	that I last saw the deceased
전 전 함 .	ב			alive on OCT /2 1951, and that dec	th occurred at M, fram t		
de de la	D D			0000		ol, city or town, st	
P S P	5	1		SIGNATURE CAPE CLEAN	M.D /37/	Mer.	d 18/5%
taine aud	ā. E	- [PHYSICIANUS	E = -1		/
A P	0			NAME (Type) COMM C. Levers	17576	ORG	A d
A N			220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 22d JOCATIO	IN (City, town, or	county) (State)
) 1 O 60	ž.		6	URIAL QT. 15, 195 TIRINITY 1	EFERMED TURAL	7	INTSVILLE MO
VS A15 (4)			23	ONERAL DIRECTOR'S SIGNATURE ADDRESS	240. RECO BY REGISTRA	24b REGIST	RAR'S SIGNATURE
15M 9/\$5	`	,	Tu.	onald J. Juman. Man.	10 0x 66 3 DATE 10-14.5	1 Alle	Malley N. Sug
	1				hala.		//

BUREAU K. &

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DECENVED

de corporate	MARYLAND STATE DEPARTA	MENT OF HEALTH—BALTIMORE, 18
	DR. DURRETT 10079 CERTIFIC	ATE OF DEATH Reg. Dist. No. 91
filed with	1 PLACE OF DEATH 6. COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY ALLEGANY MARYLAND
d be fi	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 CUMBER LAND! Town) 7 HOURS	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn) CUMBERLAND
by the fu	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION TAL HOSPITAL	d STREET ADDRESS 125 ELDER STREET 125 IN THE STREET 125 IN THE STREET 4. IS RESIDENCE ON A FARM? YES IN THE STREET
in by	3 NAME OF First Middle DECEASED (Type or print) EDNA G. 15	Lost 4. DATE Month Day Yeor OF DEATH OCTOBER 19 19 57
s. Poge	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HE SEPTEMBER 13, 1895 62 yrs. Months Days Hours Min.
Complete Com	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE Own Home	USTRY 11 BIRTHPLACE (Stote or foreign country) WEST VIRGINIA U.S.A.
carbon after de	13. FATHER'S NAME NELSON FADLEY	14. MOTHER'S MAIDEN NAME ANNA WOODWOR
physic remove 2 hours	[Yes, no or unknown] [If yes, give wor or dotes of service)	MEMORIAL HOSPITAL - CUMBERLAND, MARYLAND
itending please vithin 7	18. CAUSE OF DEATH [Enter only one course per line for [o], (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
The of The o	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	and the same that the same tha
uires In gned by permit. in ony	Canditions, if any, which gave rise to immediate cause (a), stating the under-	
ow requiricion.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
ing phy le has burial remay	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTY 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURS OR CONTRIBUTING CAUSE OF DEATH U [IF EITHER, NOTIFY MEDICAL EXAMINER]	YES NO [RED. (Enter nature of injury in Part I or Part II of item 18.)
Scientifica certifica i os the lion, or	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, 1/20f. (City or town) (County) (State of County)
G FH Price of this of far use	Hour o. m. p. m. 19 While Not while of work o	1957, to Dex-18, 1957, that I last saw the decease
TENDIN the has DR: After stacked burial,		th accurred at 2:15 A.M., from the causes and an the date stated abo
OR AT	ACTUAL SIGNATURE CHEET SOME STATES	MD. Cambulad - mide 10/19/
HOSMIAE oy be retou FUNKAL D oge hout e registror	PHYSICIAN'S DR. C. DURRETT	
O HOS may b pogg the reg	220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY BURIAL Oct. 22, 1957 Abe Cemeter	Mineral County, West Virginia
VS A15 (4) 15M 9/SS	James F. Scarpelli, Cumberland, Marylan	nd. Oktob 21, 1957 W. Kon a Amistral 1
		noting kegista

DEVELONED SIGN

E.IMERU V. S

Mary 14 10080 CERTIFICATE OF DEATH Reg. Dist. No. director, ifed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution) Residence before admission) o. COUNTY Filed **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write Marvland Allegany deoth. ö c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þe RURAL and give nearest town) should Cumber Land Cumberland d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO D Frederick Street Sacreed Heart Hospital NAME OF 4. DATE Middle Lost Month Day Year DECEASED OF DEATH (Type or print) Edward Killander 19within AGE (In years lost birthday) 5 SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS. 8 DATE OF BIRTH Months Davs Haurs WIDOWED | DIVORCED [7] 775. 10a. USUAL OCCUPATION (Give kind of work done! 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Sweden U.S.A 13. FATHER SANAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address 2 pleose CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ۵ Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of migry in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20f (City or fown) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg , etc.) Hour Q. m. White Nat while at work of work D. M. 21. I certify that I attended the deceased from S/, that I last saw the deceased and that death accurred at 7.53 alive an A: M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S Ley, Jr., M.D. NAME (Type) 220_BURIAL, CREMAJION, 226. 22c NAME OF CEMETERY OR CREMATOR 22d. LOCATION (City, town, or (Stole) REMOVAL Specify 0 FUNERAL DIRECTOR'S SIGNATURE 240-REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUL LU V. E.

MARIE !

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 10116 Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution) Residence before admission) COUNTY filed b. COUNTY MARYLAND Allegany Marvland Alleganw b. CITY OR TOWN (If outside corporale limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give neglest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) ploods ${ t Frostburg}$ 7777.5 d. street ADDRESS d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ON A FARM? Braddock Road YES NO F Hognital NAME OF First 4. DATE Middle Last Month Year Day DECEASED DEATH (Type or print) 1957 Joseph Anthony TÜ 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX last birthday) Months Days DIVORCED | WIDOWED T Aug. Ist. I908 49 yrs Male 10a. USUAL OCCUPATION [Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Instructor College Erie 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Kohout. Matilda M. Motycka 90 Braddock Road, Frostburg, Md. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT World Wart 1409-16-161 Yes Kohout Jr Wife 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET, AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 1600.1 DUE TO ٨ permit. Conditions, if ony, which gave rise to immediate DUE TO cosse (o), stoting the underpup lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO A 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) 0. m. While Not while of work D. m. ot work UCT 26, 1957 that I last saw the deceased 21. I certify that I attended the deceased fram, ___, and that death accurred at LOLL_M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 226. DATE THEREOF 22d LOCATION [City, town, or county] 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Ramoval Buttram Comete Frostburg, Md. Daytor Tenn O 23. EUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4)

2 .V U.

	Item 20 Fi	MARYLAND 1m 221 10-25-5	STATE DEPARTM			: 1009	4
74		10117	CERTIFICA	ATE OF DEATH		Reg. Dist. No.	7
	1, PLACE OF DEATH 6. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (Who STATE Maryla	nd. b. COUN		
	b, CITY OR TOWN RURAL and give	(If outside corporate limits, write nearest town) SUDULY	c. LENGTH OF STAY IN 16	Erostb	utside corporote limits, write	RURAL and give nearest t	pwn]
- 1	d. NAME OF HOSE OR INSUTUTION	ers Hospital	address)	d. STREET ADDRESS 16 Gre	en St.	OI	RESIDENCE NO 12
	3. NAME OF DECEASED (Type or print)	CHARLOTTE	(KIRBY)	KRAUSE	4. DATE A	ber 13,	Yeor 19 5
	5. SEX female	6. COLOR OR RACE 7. MARR		8. DATE OF BIRTH	9. AGE (In year lost birthdo)	ors IF UNDER 1 YEAR IF UI //) Months Days Hours	
1	10- LICLAL OCCUPAT	ION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU Post Office	stry 11. BIRTHPLACE (Slote Maryla		U. S.	
	13. FATHER'S NAME			14. MOTHER'S MAIDEN N		L =	
		as Kirby VER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. (17. I	Daran NFORMANT	Jane Koon	して Z ddress	
	[Yes no. or unknown]	(If yes, give war or dates of service)		irs. Eleanor	Fram, F	rostburg,	Md.
		EATH [Enter only one couse per li	ne for (a), (b), and (c).		A STATE OF THE PARTY OF THE PAR	INTERVAL ONSET A	BETWEEN ND DEATH
	PART I. D	EATH WAS CAUSED BY:	Toxic	Uremi	<u> </u>	-/-	
/	1/6.0	Dución (3)	e a mel	200 10000	bur Ran	Tengers 2	6., 240. 2
	Conditions, if gave rise to couse (a), statin	g the under-	n + · t: i	1)	Dums www		
	lying cause las	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(0) 19. W	AS AUTOPS
0	5 (2) V	nalmitrit	in + Hyps	sproteine	me_	YES	□ NO D
-C19/	20g ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTE	WAS UNDERLYING-E 205 DES NG CAUSE OF DEATH FY MEDICAL EXAMINER 118	crise how indury of the gas stove ov hted gas who	shed out on	R hand and	n a few mome	
11	20c. TIME OF INJ	While	Not white fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc.)]	(County)	(State
1	p. n		2 - 7	11 tchen 3 1957, to	Frostburg	Allegany Z, that I lost sow t	Me be deces
	alive an	that I attended the decease 10 13 19.	1 and that deat	accurred at 8		* .	
		1 - 11	-		ADDRESS (Street, city or to-	wn, state)	DATE SIG
1	ACTUAL SIGNATURE	rank 1.7	allan_	м.D26_	W. Mechani	C St.,	
	PHYSICIAN'S NAME (Type)	F. T. Harrat	M. D.	Fro	stburg, Md	*	
	220, BURIAL, CREMATEMOVALISPOSI BULLAL	1000, 226 DATE THEREOF 10-16-57	Zion Evan.		22d. LOCATION (Cily, low tery	r. or county) Frostburg,	Stote) Md.
	23. FUNERAL DIRECTO		ADDRESS		10 00	EGISTRAR'S SIGNATURE	.11
	J. R.	Durst, Frost	burg. Md.	DATE / C	-15-571 2	1/2 1/2/1/1/	1111

OCI 12 100 DECENAÇÃO

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



			1	011	8 CERT	IFIC/	ATE OF DEAT	Н		Reg. Dist. N	111196		
	1.	PLACE OF DEATH a. COUNTY	MAR	YLAND	2. USUAL RESIDENCE (V		d lived. If institution b. COUNTY	Alle					
		b CITY OR TOWN (IF RURAL and give ned Fros	c. LENGTH OF STATE	r IN 1b	c. CITY OR TOWN (IF	tburg	rate limits, write RU		4				
		d. NAME OF HOSPITA OR INSTITUTION Mine:	a (If not in hospital, or rs Hospi		address) ·/		d. STREET ADDRESS Rout	e 1			e, IS RESIDENCE ON A FARM? YES NO P		
		NAME OF DECEASED (Type or print)	ROBER	ŗ.	Middl H •	I	ANCASTER	4. DATE OF DEATH	October		Day Year 7, 19 57		
		male	white	WIDOWE	D DIVORC	ED 🔲	8 DATE OF BIRTH 11-17-1929		last birthday) 27 yes.	Manths Days			
Y		during most of worki	N (Give kind of work ng life, even if retired)	kind of Business laeen City		stry 11. Birthplace (side	-	auntry)		OF WHAT COUNTRY		
	13.	FATHER'S NAME					14 MOTHER'S MAIDEN	NAME					
gi ^p	20		y Lancas				Nell Nell	ie La					
7	15. Ye	WAS DECEASED EVER	TN U. S. ARMED FOR 1 yes, give war or dates of the		23-14-81		rs. Mabel	Lanca:	Addresster, Fr	" Ro	ute 1,		
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]												
		PART I. DEATH WAS CAUSED BY: MCPM 105 5											
		, KOK	DUE TO)	11.			/					
		Conditions, if on gove rise to in	mediate (MERCH	14	7 Decr	were.	<i>x</i> -/-				
		cause (a), stating the lying cause last	he under-		Ineu mez	11	dur t	F-/					
0	ATION	PART II. OTH			ONTRIBUTING TO DE	EATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIVE	N IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO F		
	CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20 Ь. DESC	RIBE HOW INJURY O	OCCURRE	D (Enter nature of injury in	Part I or Part	t (I of item 18.)		<u> </u>		
	MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Month, Day, Ye	While	Not while	20e, PL	ACE OF INJURY (Home, for clary, street, affice bldg., e	m, 20f (City	or tawn)	(Count	y) (State)		
		21. I certify the	at I attended the	decease	d from	PRI.	6 , 1955, ta	NOT	27, 1957	that I last	saw the deceased		
		alive an	<u>CT22,</u>	, 19	2_2_, and tha	t death	accurred at 92	AM, fran	n the causes ar	nd on the d	late stated above		
		ACTUAL	17-1	10			none.	,	reet, city ar tawn, st	tale)	DATE SIGNE		
1		SIGNATURE	12-127		Dever	2	м D	Main	St.				
		PHYSICIAN'S NAME (Typo)		ever	s, M. D.		Fr	ostbur	g, Md.				
		BURIAL CREMATION		OF Con	22c NAME OF CEA			22d. LOCA	TION (City, town, or	201	(State)		
	_	BUT1AL FUNERAL DIRECTOR'S	10-29-5	7	Fibe. Me	mor	ial Park	D BY REGIST	costhurg	MC			
	,	J. R. Dur		maal		1	24g. REG	h 20	RAN ZAO REGIST	S SIGNAL	21/1/		
		. It. DUI	SU9 P	POST	burg, Mo		DATE	777	3/11/1/	1011	of N. W.		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Z . V LATELLY

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70--079

executed within 24 hours after death. Page

requires that the death certificate be

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU K. E.

Hillcrest Burial Park

ADDRESS

Cumberland, I'd.

Cumberland, Nd.

24b, REGISTRAR'S SIGNATURE

24q. REE'D BY REGISTRAR

page

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Charles L. George



7501 81 TOC

BUREAU V. S.

24

executed within

requires that the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ISCEINE TO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 In I to Jacky 10082 **CERTIFICATE OF DEATH** 2-1-01-00 director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) ΙĦ COUNTY Allegany Maryland B b. COUNTY Allegany MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown] Cumberland Meadew "Rural" Knapp d. NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Lonaconing YES NO TO Sacred Heart Fospital NAME OF Middle Lost DATE Month Yeor OF DEATH DECEASED October Llewellvn (Type or print) Raby 10 57 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Manths White WIDOWED [DIVORCED T October 22.195 Female popers. On USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Cumberland, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Llewellvn Clara Steele IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Frostburg. Md. Llewellyn Rt nene 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) **DUE TO** Conditions, if any, which) (b) gove rise to immediate DUE TO coese (a), stoting the underlying couse last. (c) CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Day, Year 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour a. m. While Not while 19 at work p. m. of work | 21. I certify that I attended the deceased from 19.......that I last saw the deceased and that death occurred at from the coases and on the date stated above. alive on SIGNATURE PHYSICIAN'S 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (Stote) page REMOVAL (Specify) Mease Cemetery Lenacening. 0 **FUNERAL DIRECTOR'S SIGNATURE ADDRESS** 246. REQ'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Lonaconing. Rickhern

BUREAU V. S.

			MARY	LAND S	TATE DEP	ARTM	ENT OF HEALTH	I—BALTIMORE, 1	8	4.04
roorate	An	atta	100	83	CERT	IFIC/	TE OF DEATH	1	Reg. Dist. 1	1U1 4
	П. І	LACE OF DEATH	Cupherlan	1	MAI	YLAND	2. USUAL RESIDENCE (Who a. STATE	ere deceased lived If institution b COUNTY	on: Residence b	
M)		RURAL ond give	(If outside corporate limi nearest town) berland	is, write c.	LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If o	utside corporate limits, write R		
00	-	d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, o		fress)		d. STREET ADDRESS	ral Avenue		e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print)	BLANCH I		Widd V [T]	LOC	tost	4 DATE Mon OF DEATH Octobe		Day Year 19 57
	5. 5	sex Fomale	6. COLOR OR RACE	7. MARRIED			e DATE OF SIRTH	9. AGE (In years lost birthdoy) 53 yrs	Months Day	AR IF UNDER 24 HRS.
-	10a	. USUAL OCCUPAT during most of wo Housew	ION (Give kind of work orking life, even if retired 1 fe	done 105. KIN	nd of Business	OR INDU	Rawlings,	or foreign country) Maryland	12 CITIZEN	OF WHAT COUNTR
	13.	FATHER'S NAME	m Norman	····			14. MOTHER'S MAIDEN N Ida Day	AME VSON		
e	15. (Yes	i, no, or unknown)	/ER IN U. S. ARMED FOR Ill yes, give wer or dates of a	CES? 16. SO(CHAL SECURITY N		FORMANT Trley S. Log	gue 410 Cen	tral A	
			EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (o				sis, General	lized	11	NTERVAL BETWEEN DISET AND DEATH
		Conditions, if gove rise to couse (o), stoting lying couse lost	ony, which) (b immediate g the <u>under-</u>)	Carcin	oma (of gall blade	ler		7 mos
3	FICATION		THER SIGNIFICANT CON	DITIONS CON				NAL DISEASE CONDITION GIV	EN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO
5	L CERTH		AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)). (Enter nature of injury in P			
	MEDICAL	20c. TIME OF INJU Hour e. sr. p. m.	10	While	RY OCCURRED Not while	20e, PL/ fac	CE OF INJURY (Home, form, tory, street, office bldg., etc.	20f. (City or town)	(Coun	ly) (Stote)
		21. I certify to alive on 10	hat I attended the	deceased , 12			occurred against I	2.M, from the causes of	nd on the	date stated above
/		ACTUAL	tuller li	180	aliv	TIL	no. Cus	ADDRESS (Street, city or town,	Mr.	10/15/57
'n	220		Fuller B.			. D .	123 Beddora	Street Cu th		
	L	REMOVAL (Specify	10/18/5		Suiset		rial Park	Cu. berland.	earyla	
8. 15.10F	23.		Hafer, Cu				11:1	BY REGISTRAR 246. REGIS	TRAR'S SIGNA	IDKE

EUSILAU V. S.



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1	_	10084 CER	TIFICA	TE OF DEATH		Reg. Dist. N	0
1/		PLACE OF DEATH		2 USUAL RESIDENCE (Whe	- E COUNT		
0		Allegany	ARYLAND	Maryland	2	Allega	
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	11		itside corporate limits, write	RURAL and give	negrest town)
	-	Cumberland 15 day d NAME OF HOSPITAL (If not in hospitol, give street oddress)	S	d. STREET ADDRESS	anu		. IS RESIDENCE
1.2		Sacred Heart Hospital		4	oline Street		e. IS RESIDENCE ON A FARM? YES NO M
	3.		ldle	Lost	4. DATE M	onth	Day Year
		(Type or print) De Sales	Matti			er 5,	19 57
	5	6. COLOR OR RACE 7. MARRIED M NEVER MA			9. AGE (In year lost, birthday	Months Don	AR IF UNDER 24 HRS
	10	Tighte Illino	RCED 🗌	12/11/94			
1	IVa	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINE during most of working life, even if retired) Carpenter Self Emp			* **		OF WHAT COUNTRY
r \'	13.	Garpenter Self Emp	Toked	Pennsylva		-R1	ie usa
٠/		James T. Mattingly		Rose Ella			
	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY	NO 17. IN	IFORMANT		ddress	
_	,,,,,	no 219-03-8	331	Patient's	Chart		
		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and					NTERVAL BETWEEN
			1A =	HYPOSTA	TTC +YK	'E	36 H(11
		DUE TO PULMONA	7 ×	EDEMA			72 HOW
		Conditions, it ony, which		INFARCTIO	/		1 Week
		couse (o), stoling the under lying couse lost. (c) MYCCARL	DIAL	INFARCTION	5 40	avsl	11/2 over
	Ö	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT	HOT BLIATED TO THE TERMIN		TENER PART 1(0	19. WAS AUTOPSY PERFORMED?
	CAT	144 PERTENSINE + ARTERIOS		- 7101.00		USEASE	YES NO
	CERTIF	200. ACCIDENT WAS UNDERLYING TO 200 DESCRIBE HOW INJURY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Y OCCURRED	. (Enter noture of injury in Po	ort I or Part II of item 18.)		
)CAt	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while	20e. PLA	CE OF INJURY (Home, form, fory, street, office bldg., etc.)	20f (City or lawn)	(Coun	ly) (Stole)
	MEC	p. m. 19 at work at work			-		
		21. I certify that I attended the deceased fram		19.56, to(Det 5, 195	\mathbb{Z} ,that I last	saw the decease
		alive on Oct 5, 1957, and t	at death				
1		ACTUAL SULLESCUCE	N		DDRESS (Street, city or tow	n, state)	10/6/57
		PHYSICIAN'S S. G. Weisman, M. D.		CUMBE	RUNNI), MI	>	
	220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF	EMETERY OR	CREMATORY	22d. LOCATION (City, town	, or county)	(Stote)
	_		ary's	Cemetery	Cumberla		
	23.	funeral director's signature address James F. Scarpelli, Cumberl	and.	Md - 260 REQ'D	BY REGISTRAR 246 REG	GISTRAR'S SIGNA	PORE
347.		James 1. Dear berri, Oumberr	41149	CANY.	1757 0	nossi Ce	ameron,
					(de	2kx o K	ealstra



BUREAU V. A.

: da - a 4		MARYLAND STATE DEPARTMENT C	OF HEALTH—BALTIMORE, 18	10100
MAS CO		10140 CERTIFICATE C	OF DEATH Reg. Dist. N	rutus
	1.	1. PLACE OF DEATH a. COUNTY Allegany MARYLAND 2 USUA 0. STA	AL RESIDENCE (Where deceased lived. If institution: Residence bet	fore admission)
	Γ	RURAL ond give nearest fown) Rural, Route 3, 50 years	OR TOWN (If outside corporate limits, write RURAL and give n Rural Route 3, Cumberlar	
« Kr.			REET ADDRESS Bedford Road	e IS RESIDENCE ON A FARMS YES NO D
	3	NAME OF First Middle DECEASED (Type or print) CATHERINE B. MAYO	DEATH Oct. 11, 195'	
•			6, 1886m On Months Days	Hours Min.
death.	Α		uchanan, W. Va.	OF WHAT COUNT JSA
is after de	1	John N. Thorne	Laverna Hostetter	
72 hav	- (Y		s Mayo, Rt. 3, Cumberland	l, Md.
er within		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Craguna Pech	eter In	TERVAL BETWEEN SET AND DEATH TO THE THE
and in any eve		Conditions, if ony, which gove rise to immediate cotte (a), stating the under-lying course lost. DUE TO Outlier to the course lost.	sportusion 2	Effet.
maval, o	CATION			19. WAS AUTOPS PERFORMED? YES NO P
ar re	L CERTIF			
e a di con	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour e. m. 19 While Nat while of work of work	(County l, office bldg , etc.)	r) (State
burial, c		21. I certify that I attended the deceased from Jan 3. 15 alive an CT / O 195 , and that death accurre	ed at <u>6 P</u> M, from the causes and on the d	
prior to		SIGNATURE P. M.T. Triverskis, Dr M.D. Co	ADDRESS (Street, city or town, state)	DATE SIGN
Service .	77	PHYSICIAN'S R. W. TP E VASNIS, SR C. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATY	ORY 22d. LOCATION (City, town, or country)	
the re		Burial 10-14,1957 Zion Memorial C	emetery Cumberland, Md.	(State)
(4) S	23.	Byron Kight, Cumberland, Md.	DATE / 12, 1957 W. REGISTRAR'S SIGNATURE CONTROL OF	IRE KAN, M.
,			actino Ro	gistra

E WELLIN V. S.

BUREAU V. S.

OCT 11 1957

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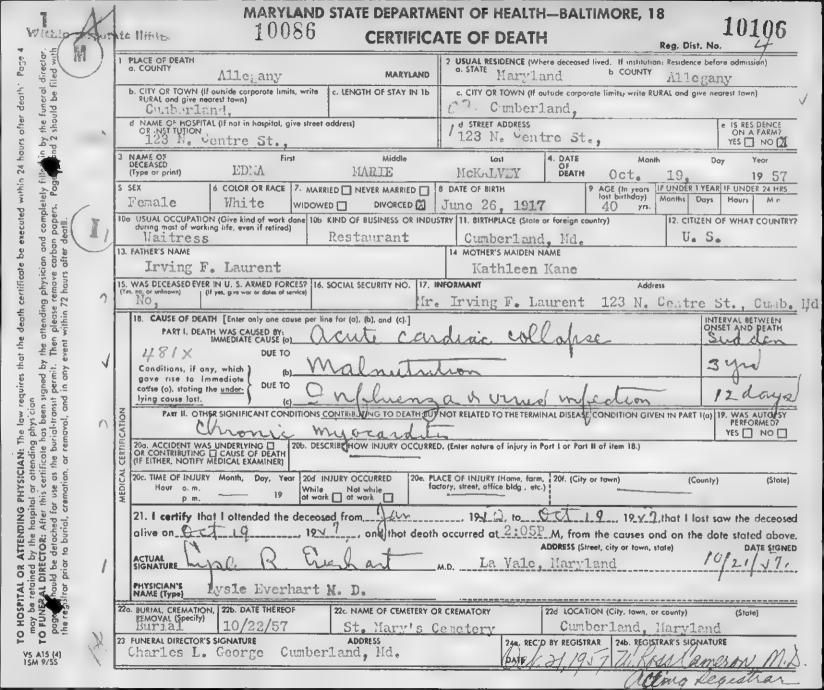
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Lin cornerate similar **CERTIFICATE OF DEATH** 10085 Rea. Dist. No il director, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY o. STATE **b.** COUNTY MARYLAND Allegany c. CITY OR TOWN (It outside corporate limits, write RURAL and give negrest town) CITY OR FOWN III outside corporate limits, write eral c. LENGTH OF STAY IN 16 2 RURAL and give negrest town) the fune should I d NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION Cumberland d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO W Sacred Heart Hospital T22 Redford 9 3. NAME OF First Middle 4. DATE Lost Month DECEASED (Type or print) DEATH 19 Thomas .Tames McDania" 9. AGE (in years lost birthdoy) 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8 DATE OF SIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days DIVORCED | WIDOWED | Male White 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BEAPLACE ISLOTE or loreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired) Telegraph Operator Penna 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Thomas J.McDaniels Emill v Hala 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address 6 eose Patients ottendin B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) Then DUE TO ģ Ě any Conditions, if ony, which gned gove rise to immediate ë DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? burial-tr YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRISE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg. etc.) Hour O. 101. While Not while of work of work p. m 21. I certify that I attended the deceased from and that death occurred M/fram the causes and an the date stated above. ADDRESS (Street, mity of Town, stote) DATE SIGNED ACTUAL Þ Jan PHYSICIAN'S NAME (Type) BURING CREMATIONS 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, for county) (Stole) 9 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS REE'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

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• प्रथमान कान्य	nt		ENT OF HEALTH—BALTIMORE, 18	10107
FOR STATE		MEDICAL EXAMINER	S CERTIFICATE OF DEATH Reg. Di	st. No. 4
HEALTH DEPT.	1,	PLACE OF DEATH G. COUNTY Allegany Maryland	2. USUAL RESIDENCE (Where deceased lived If institution: Resider o STATE b. COUNTY A 7 7	egany
y, please T. Paga Files. Health,		b. CITY OR TOWN If outside corporous limits, write BURAL c. LENGTH OF STAY IN 1b and give negret lowing	c. CITY OR TOWN (If outside corporate limits, write RURAL and	
do of the contract of the cont	-	Cumberland 5 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Cumberland d street address	
Boo Boo		Memorial Hospital	202 Springdale St.	ON A FARMA YES NO
delay funer deoth	3,	NAME OF First Middle DECEASED (Type or print) Adam Truman	lost 4 DATE Month OF DEATH OCT.	Day Year
any to the	5.	6. COLOR OR RACE 7. MARRIED ENOUVEYER MARRIED	DATE OF B RTH 9. AGE (In year) TIF UNDER I	TU 19 37
fh. If and 3 fmod 3 fmo	70	male white WIDOWED DIVORCED .	arch 4-1902 55 yrs Months [
Poge in 72		usual occupation (give kind of work done 10b. Kind of one installation for enamed) on struction for eman-Geo.F. Hazelwo	ood- Great Capon, V. Va. U.	S.A.
S affe M.G. With	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	•
haur rm P e po e po	34	William flencer WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 117. 8	Etta Hardy	
第 2	Ç.	no, of without 1 (if yes, give war of date; of service)	address emorial Hospital records &	wife.
Twitten 18		18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]		INTERVAL BETWEEN CHISET AND DEATH
as the		PART I. DEATH WAS CAUSED BY: Pulmonary eden	na (marked)	5 days
error		Conditions, if any, which) by 2nd, 3rd, 24th.de	gree burns,40 of body sur	ave-
in period in per	ı	couse lost. Government Course to immediate couse OUE to from helt line to arms in head.	ip, anterior surface, including Hydrothorax.	hg
ricale shoulding	CATION	PART H, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N		1(a) 19, WAS AUTOPSY PERFORMED? YES NO
word "word be world be build be build be build be build be build;	IL CERTIFI	CAUSE OF DEATH. Working on auto, we back porch with his	ent in house for a short time, s clothes on fire. Unable to	explain how_i
Short Short	REDICAL	F Hour	ory, street, affice bidg., elc.)	hyhappened.
MAIN Page	ľ	21. I certify that I taok charge of the remains described abo	Tome Cumberland, All ve, held an Autapsy 河, Inspection 河, Inquiry	egany, Ild.
Ged (gent,		opinion death resulted fram: Natural causes . Accident [
DICA Orwood STRECTO		SIGNATURE H. V. Daming M.D.	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
The Care		EXAMINER'S	ASSISTANT MEDICAL EXAMINER	
500	22	ENAMINER'S H. V. Deming II. D. BURIAL CREMATION, 226 DATE THEREOF [22c NAME OF CEMETERY OR	DEPUTY MEDICAL EXAMINER Oct.11-195	1
0 2 4 0 p	11	REMOVA (Specify) Oct. 13, 1957 Mt. Nebo Cen		(Stote) Vinginia
VS ALSME	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24m. RECID BY REGISTRAR 24b. REGISTRAR'S SIGN	
5M 2/57		James F. Scarpelli, Cumberland, Maryland	1. Graf 15, 19 7 Tel fossi (agueron M.L
			(letina	KOMINISAS

BUREAU V. S.

7561 T.J. 1957

DECENAED



BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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with with		1.	PLACE OF DEATH				2. USUAL RES	IDENCE (Where dec	eased lived. If institu	lion: Residence be	fore admissi	on)
U :=	el)		o. COUNTY Alle	gany		MARYLANE		Marylan	d b. COUNT	Alleg	anv	
be pe			b. CITY OR TOWN (If our RURAL and give neares WOOLLANG	tside carporate limi: st town)	s, write c. LEN	GTH OF STAY IN 1	c. CITY OR		corporate limits, write			
the fun-		\perp	d. NAME OF HOSPITAL	~//			XX	Woodla	and J			
by the	100		OR INSTITUTION	rustle	(1.07)	ucl.	C+	L. LILL	thung:	ma.	e. IS REST	FARM?
			NAME OF DECEASED [Type or print]	GEON	-0 11	Middle	Miller	4. DA	ATH Octob		-,	eor 957
Pag		S.		COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRT	TH THE	9. AGE (In year)	Months Dove		
campletely popers. Pa ath.		_		White	WIDOWED 🔣	DIVORCED [August	27,188	7 73 yr		Hours	Mín.
pope eath.		, 104	. USUAL OCCUPATION (during most of working	Give kind of work of life, even if retired)	lone 10b. KIND O	F BUSINESS OR IN				12. CITIZEN		
de g	4.	_							aryland	J	J.S.A	•
carbo ofter		13.	FATHER'S NAME		77		14. MOTHER	S MAIDEN NAME				
3 6 E		1.5		eorge Mi				Vict	toria Bus			
- 43	1	3 (%		EU. S. ARMED POR II. give war ar dates of H		SECURITY NO. 17	. INFORMANT	3/477		dress	247	
eose re thin 72		=	ne	fe		1 71 1 1 1 1 1	George	Miller	Jr Wo	odland,		
ottenaing n please re within 72		1	1B. CAUSE OF DEATH PART 1, DEATH 1	WAS CAUSED BY:	1'OV	D D is a	1 The A	I love is	via	17	NSET AND	DEATH
he o			442X IM	MEDIATE CAUSE (6)	CET	1 1 7 4	1 wen	m cross	7196	1/	10	aug.
d by r mit. T			Conditions, if any,		Cara	lio vasc	rular 1	REMORTE	di 854 se		5-101	Secre
signe sit per nd in c			gove rise to imme cottse (a), stating the lying cause last.								Ú	
physicic has been hal-trans	-	CATION	PART II. OTHER S			UTING TO DEATH B	UT NOT RELATED TO	O THE TERMINAL DIS	SEASE CONDITION G	VEN IN PART I(o)	19. WAS A PERFOR	MED?
Firote } the but		L CERTIFI	20a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MED	NDERLYING CAUSE OF DEATH DICAL EXAMINER)	20b. DESCRIBE HO	OW INJURY OCCUR	RED. (Enter nature	af injury in Part I or	r Part II of item 18.)			
his certi use as		MEDICAL	20c. TIME OF INJURY A Hour a. m. p. m.	Manth, Day, Yea		ot while	PLACE OF INJURY factory, street, office	(Home, form, 20f ce bldg., etc.)	(City or town)	(Count	1)	(Stote)
spile ter t d for			21. I certify that	attended the	deceased from	m 10/17	195	/. ta. 10/	27 , 19.5	Zithat I last	saw the c	lecensed
chec ha			alive on 10/	25,157	1257		th occurred at	400 M.	fram the causes	/		
d by tall			ACTUAL SIGNATURE	disa	will	1/ try			Foostbu	, stole)		28/57
AL DIR	1		/ 1	lda/Jane	Walter	rs, M. D	•					
Transport of the state of the s		220	BURIAL CREMATION, REMOVAL (Specify)	226 DATE THEREO	F 22c, N	IAME OF CEMETERY	OR CREMATORY	22d. LC	OCATION (City, town,	or county)	[Stote]	
O T O		L	Burial	10/30/		Oak Hill	Cemete	ry Lo	naconing		/d.	
-	ر		FUNERAL DIRECTOR'S SH			DORESS		240. REC'D BY RE	GISTRAR 246. REG	ISTRAR'S SIGNAT	URE	10
S A15 (4) SM 9/55	V		George Eic	nnern	Lens	aconing,	Md.	DATE / C 3	(Fis) DA	10/10/11	19/1/1	189

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Rea. Dist. No.

Manths

Allegany

IF UNDER I YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO Q

> > (State)

W. Va.

(State)

Days

U.S.

(County)

e. IS RESIDENCE

ON A FARM?

YES NO M

Year

19 57

Min.

BUREAU V. 8, 1957

PT.		LACE OF DEATH	Allega		MARYLA	O STATE	ENCE (Where dece	osed lived. If institution b. COUNT		, ,
	l b	Cumbe	rland	, wrie RLRAL	3 months	1b c. CITY OR T	own (if subide of Cumberl	orporate limits, write and	RURAL and give	e neorest lawn)
7	d	1	ecatur		pital, give street address)	d STREET AD	Decatur	St.		N A FARM? YES NO
		NAME OF DECEASED Type or print)	Jen		Middle	Lowery	4. DATE OF DEATH		. 1	.8 1957
`	5. \$	female	white	WIDOWE		Det.28-1		9 AGE (In years feet birthday) 82 yrs.	Manths Days	
13	d	uring most of working LIOUS EWIL FATHER'S NAME	I Give kind of w I to, even if refri	red)	WILL HOME	Indep	endence		U.S.	A .
		Charle		hnson	SOCIAL SECURITY NO 1	14. MOTHER'S M		do Woodw	ord	es vidane rasio.
3	(Yes	IB. CAUSE OF DEATH PART I. DEATH	f yes, give war or da	e cause per line		(so)Harry		ens Siou		Kota HERVAL HERWIE Y NSET AND DRAFY
				_ (-)	oute my oca.	Grat rar	LUEC		-	
		Conditions, if any gave rise to immedia (a), stating the un couse last.	DUE	(c) Hy	teriosclere pertention	otic card	io-vasc			?
3	FICATION	Conditions, if any gave rise to immedia (a), stating the un course last. PART H. OTHER	, which declying DUE	(b) Ar	teriosclere pertention	otic card	ÎO-VASC	SE CONDITION GIV		? 19. WAS AUTOPSY PERFORMED? YES NOWE
2	Ü	Conditions, if any gave rise to immedia (a), stating the un couse last.	DUE which also couse declying DUE R SIGNIFICANT CO E WAS RIBUTING	(b) Ar	teriosclered pertention on tributing to death &	otic card UT NOT RELATED TO THE CENTER NOTURE OF INJURY (Ho	10-Vasc	SE CONDITION GIV	EN IN PART I(o	PERFORMED? YES NONE
2	MEDICAL CERTIFICATION	Conditions, if any gave rise to immedia (a), stating the un couse last. PART H. OTHER 200. EXTERNAL CAUSI PRIMARY or CONT CAUSE OP DEATH. 20c. YIME OF INJURY Have 8. m., p. m.	DUE /, which ale course declying R SIGNIFICANT O E WAS RIBUTING Month, Day	(c) Hy CONDIT ONS CO 296 DESCRIBE Year 20d. I White 19 of wo	teriosclered pertention potential to death B E HOW INJURY OCCURRED NURY OCCURRED 206.	otic card otic card	TETERMINAL DISEA ry in Fort I or Fart me, form, 20f. (Ci	SE CONDITION GIV	EN IN PART I(o	PERFORMED? YES NONE
2		Conditions, if any gave rise to immedia (a), stating the un course last. PART H. OTHER 200. EXTERNAL CAUSI PRIMARY DO CONT CAUSE OP DEATH. 20c. TIME OF INJURY Hour 8. m. p. m. 21. I certify the opinion death re	DUE A SIGNIFICANT OF E WAS RIBUTING Month, Day	(b) Ar. (b) Ar. (c) Hy: (c) Hy: (c) Hy: (c) Hy: (d) Hy: (d) Hy: (d) Hy: (d) Hy: (e) Hy: (e) Hy: (f) Hy	pertention pertention potributing to DEATH 8 E HOW INJURY OCCURRED NJURY OCCURRED To work To work To work To work To work To work To work To work To work To work To work To work To work To work	Dtic card UT NOT RELATED TO THE PLACE OF INJURY (Ho foctory, street, office b	TETERMINAL DISEA ry in Fort I or Fart me, form, 20f. (Ci	il of item 18) ity or town) Inspection [*], e []. Undeter	EN IN PART I(o	YES NOWE
	MEDICAL.	Conditions, if any gave rise to immedia (a), stating the un couse last. PART H. OTHER 200. EXTERNAL CAUSI PRIMARY DO CONT CAUSE OP DEATH. 20c. YIME OF INJURY Hour 8. m., p. m. 21. I certify the opinion death resident cause of the country of the control of the country of t	DUE which ale come derlying R SIGNIFICANT OF E WAS RIBUTING Month, Day at 1 took cho esulted from V. Demi	(c) Hy TO (c) Hy CONDIT ONS CO 206 DESCRIBE 206. I White of wo rege of the r Notural of	pertention pertention potributing to DEATH 8 E HOW INJURY OCCURRED NJURY OCCURRED To work To work To work To work To work To work To work To work To work To work To work To work To work To work	Dtic card Ut NOT RELATED TO THE PLACE OF INJURY (Ho factory, street, office b bove, held an A It , Suicide M.D. CHIEF MEI ASSISTANT	TO-VASC HE TERMINAL DISEA Try in Fort I or Fort The form, 20f. (City of the city of the	is condition Given to the state of them 18) Ity or town) Inspection [1], e [1], Undeter	(County)	YES NOSE (State) (State) Ond in m
	WEDICAL	Conditions, if any gave rise to immedia (a), stating the un course last. PART H. OTHER 200. EXTERNAL CAUSI PRIMARY DO CONT CAUSE OP DEATH. 20c. YIME OF INJURY Hour 8. m., p. m. 21. I certify the opinion death resident cause of the course of the cours	Month, Day W. Demi 10/22	Person	pertention pertention potributing to DEATH 8 E HOW INJURY OCCURRED NJURY OCCURRED To work To work To work To work To work To work To work To work To work To work To work To work To work To work	DTIC CAPO UT NOT RELATED TO THE PLACE OF INJURY (Ho foctory, street, office b above, held an A If	io-Vasc HE TERMINAL DISEA Ty in Port I or Part me, form, 201. (Ci ldg., etc.) I, Hamicid DICAL EXAMINER I MEDICAL EXAMINER 22d LOC	Inspection (City, town, ores Ford	(County) Inquiry Framined man	(State) PERFORMED? YES NOWE (State)







	· ·	MENT OF HEALTH-BALTI	MORE, 18
componen	10089 CERTIFIC	CATE OF DEATH	Reg. Dist. No.
filed with	1. PLACE OF DEATH 0. COUNTY ALLEGANY MARYLAN	I n STATE	ed. If institution: Residence before admission) b. COUNTY ALLEGANY
should be	b. CITY OR TOWN (If outside carporole limits, write RURAL and give nearest lawn) CUMBERLAND	c. CITY OR TOWN (IF outside corporate	limits, write RURAL and give nearest town)
d 2 sho	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION MEMORIAL HOSPITAL	d STREET ADDRESS 208 INDEPENDENCE	ST. o. 15. RESIDENCE ON A FARM? YES NO
es A en	3. NAME OF First Middle DECEASED (Type or print) THOMAS ALEXANDER	Lost 4. DATE OF DEATH	Month Day Year OCTOBER 18 19 5
Pog F	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9.	AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last that have been seen as the
Foor-poper	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working-life, even if relired) Retired Employee Pool Room	DUSTRY 11 BIRTHPLACE (State or foreign count CUMBERLAND MD	7) 12. CITIZEN OF WHAT COUNTI
ve corb	EDWARD R. NEFF	14. MOTHER'S MAIDEN NAME MARGARET M	CKEE
72 hour		MEMORIAL HOSPITAL	Address CUMBERLAND, MD.
sit permit. Then	PART 1, DEATH WAS CAUSED 81: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (a), staling the under- lying cause last. (c)	value mings	The star 1-7/
emovol, a	PART II. OTHER SIGNIFICANT CONDITIONS CONDENBUTING TO DEATH 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	BUT NOT RELATED TO THE TERMINAL DISEASE CO	PERFORMED? YES NO
the t	OR CONTRIBUTING CAUSE OF DEATH		
r use os remation	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e Hour a. m. 19 While Not while at work of wark	PLACE OF INJURY (Home, farm, 20f. (City or factory, street, affice bidg., etc.)	town) (County) (State
fhould be detached for	21. I certify that I alfended the deceased fram 19 19 and that de ACTUAL SIGNATURE PHYSICIAN'S DR. R. J. WILLIAMS	ath occurred at 7140PM, from the ADDRESS (Street	19that I last saw the decease the causes and an the date stated abort, city or low (Atote) DATE SIGN
oage or he regi	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER 3URL: 1 10/21/57 LOSC Hill		N (City town, or county) (State)
5 (4) 755	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John J. Hafer, Cumberland, Maryland	2/6. REC/D BY REGISTRAN	
		7	active Prairtes

BUREAU V. S.
BUREAU V. S.

OE DO OCT 30 PER PRINTERS

5 R# \		DR. R.J. WILLIAMS CERTIFIC	ATE OF DEATH Reg. Dist. No.
	1. [PLACE OF DEATH COUNTY ALLEGANY MARYEAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a STATE MARYLAND b. COUNTY ALLEGANY
	l l	s. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND LDAYS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1		d NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION MEMORIAL HOSPITAL	d STREET ADDRESS RT. #1. Lalace e. IS RESIDENCE ON A FARM? YES NO
	1 4	NAME OF First Middle DECEASED Type or print) VIRGIL CAUDY	NIXON 4. DATE Month Doy Yeor DEATH OCTOBER 5 19 57
		MALE WHITE WIDOWED DIVORCED	B. DATE OF BIRTH FEB. 3, 1893 P. AGE (In years of FUNDER 1YEAR IF UNDER 24 HR Outs of FEB. 3, 1893 P. AGE (In years of FUNDER 1YEAR IF UNDER 24 HR Outs of FEB. 3, 1893 P. AGE (In years of FUNDER 1YEAR IF UNDER 24 HR Outs of FEB. 3, 1893
11	100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) B. & O. R.R.C	D. PAW PAW, W.VA. U.S.A.
7	13.	JAMES EDWARD NIXON	14 MOTHER'S MAIDEN NAME MARTHA L. HARDY
\	15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. (17 yes, give wor or dates of service)	MEMORIAL HOSPITAL - CUMBERLAND, MD.
	7	18. CAUSE OF DEATH [Enter only one couse per time for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stoling the under-lying couse lost. (c)	rhefolegrende Propagation onset and DEATH
a	CERTIFICATION		UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPERFORMED? YES NO (RED (Enter noture of injury in Port I or Port II of item 18)
	MEDICAL CE	20c, TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, 20f (City or town) (County) (Sta foctory, street, office bldg., etc.)
		21. I certify that I attended the deceased from plant and that dec	th occurred at 6:12 M, from the causes and on the date stated about ADDRESS (Street, city or fown, stole) M.D
ቼ / ነ		PHTSICIAN'S NAME (Type) PR. R.J. WILLIAMS	•
gistrar pri	220		OR CREATORY 72d 10CATION (City forms or county) (Salah)
the registrar pri	В	BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 10/7/57 Thite Cak Co	

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within 24 hours after death;

requires that the death certificate be

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

15/4 L. 10 E. 1957

director

funeral

physician

DIRECTOR:

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place

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should &

executed within 24 hours after death. Page

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Mating 6	OTATE.	0	Ifmth MARYLAND STATE DEP	ARTM	ENT OF HEALTH—BAL	TIMORE, 18	10112
	7		DR. IAMES 10092 CERT	IFICA	TE OF DEATH	Reg. Di	it. No. 4
Page director	M	1.	PLACE OF DEATH G. COUNTY ALLEGANY MAI	RYLAND	2 USUAL RESIDENCE (Where doceose o STATE WEST VIRGINIA	h COUNTY	
leath: neral i be fi			b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	Y IN 1b	c. CITY OR TOWN (If outside corpo	rate limits, write RURAL and	
offer a the fur shauld		\vdash	CUMBERLAND 9 DAYS d. NAME OF HOSPITAL (II not in hospital, give street address)		d STREET ADDRESS	W.VA.	e. IS RESIDENCE ON A FARM?
avrs on by and 2	-	=	MEMORIAL HOSPITAL		RT. #1		YES NO
₹ \$			NAME OF DECEASED (Type or print) HARPER O.		PEER LOSE 4. DATE OF DEATH	OCTOBER	26 19 57
l within fetely f		5.	SEX 6. COLOR OR RACE 7. MARRIED MEYER MAR MALE WIDOWED DIVORG		JANUARY 24, 1890	9. AGE (In years IF UNDER loss-bythday) Months	1 YEAR IF UNDER 24 HRS Doys Hours Min.
recuted I comp poper eath.	rt	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS during good of racking life, even if relived) RED Carrenter Self Emr		TRY 11. BIRTHPLACE (Slate or Foreign of WEST VIRGINIA		IZEN OF WHAT COUNTRY?
e be ex an and corbon after de		13.	FATHER'S NAME		14 MOTHER'S MAIDEN NAME	Hardy Co.L	J.S.A.
ificate nysicia nove a ours a		15.	James PEER WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N	O 17 IN	REBECCA JANE	Lamb	ert
h cert ing pl se rem i 72 h	2	(Ye	NO PI yes, give wer or dates of service]	71	MEMORIAL HOSPITAL -	- CUMBERLAND,	MD.
attend pleo withir			18 CAUSE OF DEATH [Enter only one couse per line for (p), (b), and (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	0.1	0		INTERVAL BETWEEN ONSET AND DEATH
y the Ther			445 A DUE TO	1		^	1000
uires thangared bearmil			Conditions, if ony, which gove rise to immediate couse (o), sloting the under-	Timen	e Cardinand	en duci	
cion. cion. sen sig ansit j		z	lying couse tast. (c) (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO E	FATH RUT	NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PAR	T Imi 10 WAS AUTOPSY
he fay physi has lle riol-tr noval,	,	CATION					PERFORMED? YES NO
ending ficate the bu		CERTIF	206. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED	: (Enler nature of injury in Port I ar Por	i ti of item 18.)	
HYSIC I or aft is certi use as motion,		MEDICAL	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m., P. m. 19 While at work of work	20e. PLA faci	CE OF INJURY (Home, farm, 20f (City fary, street, office bldg., etc.)	or town) ((County) (Stale)
aspita filer it of for		1	21. I certify that I attended the deceased from.	118	, 19 57, 10 COCF 7	-6 , 19 5 Ahat 1	last saw the deceased
TEND the h OR: A etoche s buric			alive on 0 5 25 , 19 57 , and the	at death	accurred at 2:50 A.M. from	n the causes and on the	ne date stated above.
ed by RECT be d	1		SIGNATURE Cuillian & Jeens	^	A.D. 441 M. Cent		10.28.57
retaine ALDI hould			PHYSICIAN'S DR. W.P. IAMES		Cambala	incl	Lansl.
HOSP dy be age	1	220	Burial, CREMATION, 276. DATE THEREOF 22c NAME OF CE REMOVAL (Specify) Burial IO-29-57 Fort As			TION (City, town, or county)	(State)
5 5 g =		23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	TIDY	Cem. For	Name of the last o	The state of the s
VS A15 (4) 15M 9/5S			James F. Scarpelli Cu.: rl.	d ,: ·	1. COME 29, 19	27 6. Kossi	Camerox, M.D.
						Cletin	o Registrar

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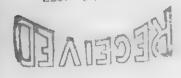
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			D STATE DEPARTM		·	8 10119
		1012	2 CERTIFIC	ATE OF DEATH	1	Reg. Dist. No.
1.	PLACE OF DEATH a. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Mary)	ere deceased lived. If institution b. COUNTY	
	RURAL and give r	If outside corporate limits, write	Lifetime	11	outside corporate fimils, write Ristburg	JRAL and give nearest town)
. -		TAL (If not in hospital, give stre	net address)	d STREET ADDRESS	E. Main St	e is residence on a farma yes \(\) no \(\)
3.	NAME OF DECEASED (Type or print)	First Louise	Middle L.	Rank	4. DATE OF OF DEATH	th Day Year 20 1957
	sex Female		ARRIED NEVER MARRIED DIVORCED DIVORCED	Nov. 16th, 1	898 9. AGE (In years last highliday) 50 yrs.	Months Days Hours Min
	· USUAL OCCUPATI	ON (Give kind of work done life, even if retired) T = Bea.	ob kind of Business or Indi 11 High Schoo	ol Maryla Maryla		USA
13	PATHER'S NAME David	C. Llewelly	n	Jennie H		
2 15	. WAS DECEASEDEV et. no. or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		informant awrence Ran	k,300 E.Mair	TIODODATE
		immediate Dus TO	r line for (a), (b) and (c))) (MyO rophics)	Lateral:	Echrosis	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	lying couse lost	(c)	NS CONTRIBUTING TO DEATH BUDGESCRIBE HOW INJURY OCCURR			EN IN PART I(o) 19. WAS AUTOPS' PERFORMED? YES NO
MEDICAL	20c. TIME OF INJU Hour o.m.	w _i		PLACE OF INJURY IHome, form octory, street, effice bldg., etc.	20f. (City or town)	(County) (Stat
	21. I certify alive an	hat I offended the dece II I I I I I I I I I I I I I I I I I I	7 7		3	that I lost saw the decear and on the date stated about the DATE SIGN
_	PHYSICIAN'S NAME (Type)	wom	1/ Time		md	195
	Buria L		F bg . Memo:	rial Park	Frostburg,	Md.
23	Joseph	R. Durst,	Frostburg, M	d. PEC	D BY REGISTRAR 246. REGIS	STRAR'S SIGNATURE
V.						

BUREAU V. S.

1			MARYL	AND	STATE DEPA	RTM	ENT OF H	!EALTH	-BAL	TIMORE, 1	8	401	ne
Within corpora	te l	lmitt	100	93	CERTI	FIC/	ATE OF E	DEATH			Reg. Dist.	TUT.	4
director		LACE OF DEATH	allegany		MARY	LAND	2 USUAL RESI	Mary.		lived. If institution b. COUNTY	Residence		ission)
funeral My be fi	t	RURAL and give	(If outside corporate limit nearest town) erland	s, write	c. LENGTH OF STAY	IN 1b	~	rown (If ou		rote limits, write R	URAL and giv	e negrest to	wn}
by the 12 show	(OR INSTITUTION	109 Deca	tur	Street		/ d. STREET /	Decati	ur St	reet		ON	ESIDENCE A FARM?
	- [NAME OF DECEASED Type or print)	fin J i lliam	ıt	Middle		Los	st	4. DATE OF DEATH	Uctober		Doy 1957	Year 19
s. Page	5. S	ex Male	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIE		B. DATE OF BIRT		66	9. AGE (In years lost brithdoy)	Months D	YEAR IF UN	DER 24 HRS
n and camp	100.	usual occupat during most of wo letired	ION (Give kind of work of prking life, even if retired)		kind of Business of							EN OF WHA	AT COUNTRY
525	3.	FATHER'S NAME	Gillis		nette		14. MOTHER'S	MAIDEN N		MIN /			
g physici	15 (Yes,	WAS DECEASED EV	/ER IN U. S. ARMED FORG	CES? 16.	SOCIAL SECURITY NO		NFORMANT	ie Rol	binet	te Cumbe		Deca , mar	
tion requires that the accum ce ysician. been signed by the attending a transit permit. Then please re al, and in any event within 72.	CATION	PART 1. De Conditions, if gove rise to couse (o), stoting lying couse lost	immediate DUE TO	14	y t con	Li				ecili	EN IN PART 1	ONSET AN	D DEATH
ficate h ficate h the bur or rem	L CERTIFI		Y MEDICAL EXAMINER)	r 20d IN	CRIBE HOW INJURY OF	20e. PL	D. (Enter nature of ACE OF INJURY (ctory, street, official)	Home, farm,	20f. (City		(Cou	YES [(Stote)
retained by the haspite PAL DIRECTOR: After it fould be detached far four prior to burial, cre		21. I certify to alive an	that I attended the	decease _, 12_5	ed from 7-2	death	M.D.	4 P 4 G 24 M	M, fram DDRESS (Str	the causes a reet, city or town.	nd on the	date sta	e deceased ted abave DATE SIGNED
VS A15 (4) 15M 9/35		REMOVAL Specificance of the second sector of the sector of		erla	ADDRESS nd , Haryla		eletery	2/6 REO'D		gany Co.		· ·	W. M.o



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 corporate finale 10094 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution Residence before admiss on) a. COUNTY b. COUNTYAT Legany Allegany MARYLAND b. CITY OR TOWN (If outside corporate tim ts, write RUBAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) mo.3 days Cumberland LaVale d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDEN E ON A FARM? 554 Mational Sacred Heart Tospital YES NO P 3. NAME OF DECEASED Virginia Rodenhauser (Type or print) DEATH Oct Laura 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER TYPAR! IF UNDER 24 HRS last birthday) white female WIDOWED TR DIVORCED [7 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Cumberland, Ed. U.S.A. Housewile Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles W. Goss Margaret Main 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) (son) John C. Rodenhauser, LaVale, 'd. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostasis of lungs about hrs. 420.0 Arteriosclerotic heart disease Conditions, If ony, which) gove rise to immediate couse DUE TO (a), stating the underlying Generalized arteriosclerosis couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? Intertrochanteric fracture of left femur. 200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part II of item 18.) FRIMARY D or CONTRIBUTING LE Vertico-Standing, turned slightly & fell to the floor. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or town) Month, Dov. Year (County) While Not while of work ☐ factory, street, office bldg., etc.) LaVale Allegany 21. 1 certify that I took charge of the remains described obove, held on Autopsy . Inspection *, Inquiry *, opinion death resulted frame: Natural causes 📆 Accident 🗍 Suicide 🗍 Homicide 🗍 Undetermined manner SALES STORES M D CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER H. V. Deming H. D. DEPUTY MEDICAL EXAMINER @ Oct. 7-1957 NAME (Type) 22a. BURIAL CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Rose Mill Cemetery 1957 Cumb rland, id. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240_REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE H. Wayne George. Cumberland, Md. France



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10095 **CERTIFICATE OF DEATH** links Reg. Dist. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COLLY a. STATE b. COUNTY filed MARYLAND ALLEGANN MARYLAND erol b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) ploods CUMBERLAND CUMBERLAND. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? MEMORIAL HOSPIPAL 33 FURNACE YES TO NO T NAME OF 4. DATE 3. First Middle Last Month Doy Year DECEASED DEATH (Type or print) OCTOBER EDWARD SCHADT 19 16 IF UNDER LYEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED X 9. AGE (In years S. SEX 8. DATE OF BIRTH last birthdoy) Months Davs Hours Min. WIDOWED [7] DIVORCED | MALE WHITE 63 papers. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Plumbing Contractor Self CUMBERLAND. carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME g. SCHADT. PETER WINDMUTH. LOUISA move (15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address no MEMORIAL. CUMBERLAND. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line, for (o), (b), and (c) La ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) 591.n **DUE TO** Conditions, if any, which (b) gove rise to immediate DUE TO cottse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20e. PLACE OF INJURY (Hame, form. 20c. TIME OF INJURY Month, Year 20d. INJURY OCCURRED 20f. (City or town) (State) Day. (County) factory, street, office bldg., etc.) a. m. While Not while at work \square at work p. m. 21. I certify that I attended the deceased fram 6 1. 195/ that I last saw the deceased and that death accurred at 4:45 .DM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) **ACTUAL** SIGNATURE DIREC 70 8 PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 226. DATE THEREOI 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) BEMOVAL (Specify) pode O 23. FUNERAL DIRECTOR'S STGNATURE ADDRESS 246 RECID BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 1SM 9/55

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ARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE, 18	

CERTIFICATE OF DEATH

10126

	Toffee			Keg. D	167, TNO.
1. PLACE OF DEATH			2 USUAL RESIDENCE (Wh	ere deceased lived. If institution, Reside	nce before admission)
1	Allegany	MARYLAND	Mary.	land b. county All	egany
b. CITY OR TOWN (RURAL and give n	If outside corporate limits, write earest town?	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RURAL and	give nearest town)
RURAL and give in	stburg	2 weeks	\times 2 R.D.1,	Frostburg,	
OR INSTITUTION	TAL (If not in hospitol, give street of er's Hospital	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES TO NO IX
NAME OF	First	Middle	1	4. DATE Month	
DECEASED (Type or print)	Frank	E.	Smith	OF DEATH OCT.	30th, 1957
s. sex Male	White WIDOW	77	oct.7th,188	lost birthdov) Months	Days Hours Min
	ON (Give kind of work done 10b king life, even if refired) Ling Dept.	KIND OF BUSINESS OR INDU TIY-Springf re Company.		or foreign country) 12 CI	TIZEN OF WHAT COUNTRY
3. FATHER'S NAME			14 MOTHER'S MAIDEN N	IAME	
Luthe	er Smith		Rose Ann	Drum	
S. WAS DECEASED EVE (Yes. no or unknown)	ER IN U. S. ARMED FORCES? 16 (III yes, give wor or dates of service)			Leonard, R.D.1, F	rostburg, Me
	DUE TO	Cute Myora	adial Inta	// . /	INTERVAL BETWEEN ONSET AND DEATH
gave rise to i cause (a), sloting lying cause lost.	the under-	~ /	Prostation ?		
PART II. OT	as ***)	CONTRIBUTING TO DEATH BU		NAL DISEASE CONDITION GIVEN IN PA	RT I(a) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING TO COULD BE COME CAUSE OF DEATH OF MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in I	Part I or Port II of item 18.)	
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Year 20d. II 19 Uhile at wor	_ Not whilefo	LACE OF INJURY (Hame, form sciory, street, office bldg., etc.		(County) (State)
	hat I attended the deceas			とて、30 , 1957,that I	
alive an	21 27 199	2_Z, and that deat		M, fram the causes and an	the date stated above
ACTUAL SIGNATURE	John (De	er)	M.D. /3/	ADDRESS (Street, city or town, state)	DATE SIGNE
PHYSICIAN'S NAME (Type)	John C ll	vers	Fres	Hone, md	
BUT 18 1	DN. 226 DATE THEREOF	St.Michael		22d LOCATION (City, lown, or county) Frostburg,	(Stote) Md.
3. FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS	240. REC'	D BY REGISTRAR 246. REGISTRAR'S S	GNATURE
Joseph R	. Durst. Fr	costburg. Md	DATE //	-2-57 Dny 2/0	MULAT KA

SECENTED SECTIONS

JREAU V. A.

	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10127
,		10124 CERTIFICATE OF DEATH Reg. Dist. No.
		PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE MARYLAND MARYLAND MARYLAND
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town) - RURAL and give rearest town) - RURAL and give rearest town (If outside corporate limits, write RURAL and give rearest town) - Atrapation (III)
61		d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION ON A FARM YES NO
		NAME OF DECEASED (Type or print) Middle Loss 4. DATE Month Day Year OF DEATH & Catalog 3/ 195
	i	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH SEX 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 lost birthday) Months Doys Hours M WIDOWED DIVORCED 10/25/57 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24
1 33	L	USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY IN. BIRTHPIACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY IN. BIRTHPIACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY IN. BIRTHPIACE (State or foreign country)
,	13.	FATHER'S NAME Calvin Steele Ruth Brug ears
-)		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dotes of service) Nant. Palvin Stoula functional functions of services.
		IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEE ONSET AND DEA
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ICTILITY IMMEDIATE CAUSE (o)
		DUE TO
	П	Conditions, if any, which gove rise to immediate (b) (b) (topte and to the control of the contro
	L	case (o), stoling the under DUE TO
		lying couse lost. (c)
	ě	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTO PERFORME
	Ę	YES NO
	CERTIFIC	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County)
	MEDICAL	Hour o. m. While Not while foctory, street, office bldg., etc.) p. m. 19 of work of twork
		21. I certify that I attended the deceased from CLT 28, 1937, to CLT 51, 195/that I last saw the dec
	l	alive an 6.7.7, 18.5.7, and that death accurred at M, from the causes and on the date stated of
		ADDRESS (Street, city or town, stote) DATE
1		SIGNATURE MEDICAL M.D. FREST LURE 18/3
,		PHYSICIAN'S John C. Dewas
	220	O. BURIAL, CREMATION, 276. DATE THEREOF 276. NAME OF CEMETERY OR CREMATORY 270. LOCATION (City, town, or county) (Stole)
	22	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 244: REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
ÚX.	20.	Grende Echkorn Foramus Monte 11-1 in Mile Mallale A
1	4	ou or programmy many man and the state of the



MON IS 1825

ENGERU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items 8.9 CERTIFICATE OF DEATH 10125 Rep. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY o. STATE **b. COUNTY** MARYLAND Allegany Md. Allegany uneral b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 þe RURAL and give nearest town) ploods Frostburg day Frostburg d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCI OR INSTITUTION ON A FARM? Miners Hospital 28 College Avenue YES NO K NAME OF Middle Lost -4. DATE Month Day Year DECEASED OF DEATH (Type or print) JOHN. J. SULLIVAN 1957 IF UNDER I YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday)
79 ?yrs. Months W 1878? M WIDOWED | DIVORCED | papers. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) Retired Forman Construction U.S.A. Barton puo 13. FATHER'S NAME ofter 14 MOTHER'S MAIDEN NAME John O. Sullivan Catherine Ryan IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Νo Wm. Sullivan. 29 McCulloh St... Frostburg None None INTERVAL BETWEEN AND S 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IOL DIJE TO Conditions, if ony, which gave rise to immediate **DUE TO** coffie (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19.6WAS AUTOPS) PERFORMED? YES INO FA 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Doy. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o. m. Not while of work at work 21. I certify that I attended the deceased from Lithat I last saw the deceased alive an and that death accurred My from the causes and an the date stated above. ACTUAL SIGNATUR PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

Main. Frostburg. Md. DATE

FY11 YADDAESS7

Michael's Cemetery

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

Frostburg

24a, REC'D BY REGISTRAR

(Stote)

VS A1S (4)

220. BURIAL, CREMATION, 22b. DATE THEREOF

Hafer

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

death,

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		MARYLAND STATE DEPA	RTMENT OF HEALTH—BALTIMORE, 18	10190
	1 2	10099 CERTI	FICATE OF DEATH	Reg. Dist. No.
M)		PLACE OF DEATH O. COUNTY A LLEGANY MARY	LAND 2 USUAL RESIDENCE (Where deceased lived. If institutions of STATE b. COUNTY (WEST VIRGINIA	Residence before admission) GRANT
~_/	Г	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		AL and give nearest town)
		, DAV	PETERSBURG	
60		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d STREET ADDRESS	e IS RESIDENC
60		MEMORIAL HOSPITA:	15 E. AVENUE	YES NO
	L		NCE SWICK 4. DATE Month OCTOB	
		SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIE	lost pirthdoy) A	Onths Doys Hours M
1 "		EMALE WHITE WIDOWED DIVORCE USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS O		12. CITIZEN OF WHAT COU
)	BOUSEWIFE OWN HOME	WEST VIRGINIA	U. S. A.
	113.	FATHER'S NAME ISAAC LEWIS	14. MOTHER'S MAIDEN NAME CATHERINE THORN	
	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO	17. INFORMANT Address	<u> </u>
_		NO of unknown) If yes, give war or dates of service NONE	MEMORIAL HOSPITAL	
	F	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).		INTERVAL BETWE
		PART I. DEATH WAS CAUSED BY: 11 MMEDIATE CAUSE (0) 2 manal	andral Fartine	S augs
		40-10 DUE TO A	1 + 11 + 0	5/10
		Conditions, if ony, which	lovolie fent fislass) Jen
		gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO Lying couse lost.	ad arlanordensi	7
es	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BE	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	I IN PART 1(0) 19. WAS AUTO PERFORMET YES NO
	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of injury in Port I or Port It of item 18)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, africe bldg , etc.)	(County) (S
	ľ		oct. 1957 10 4 oct. 1957	that I last saw the dec
		The state of the s	death accurred at 4.00PM, fram the causes and	d on the date stated a
		14 1 1/G De	ADDRESS (Street, city or town, sto	DATE S
1		ACTUAL SIGNATURE N. 14' VI	M.D. 1 3. Contro St	5 per.
		PHYSICIAN'S DR. W. A. VAN ORMER	Cumperland, mel	
	220	P. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEM.	ETERY OR CREMATORY 22d LOCATION (City, town, or	county) (Stole)
		Burial Oct. 6, 1957 North Mi.		, West Virgini
	23.	FUNERAL DIRECTOR'S SIGNATURE Schoolber Peter	sburghtly DATEN 5 1937 The MEDISTRA	RAR'S SIGNATURE
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na ore entirely.	10100 CERTIFICATE	OF DEATH 10130 Reg. Dist. No.
fill directo		UAL RESIDENCE (Where deceased lived. If institutions Residence before admission) STATE WEST VIRGINIA b. COUNTY MINERAL
3 2 (11)	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) CUMBERLAND 6 DAYS	CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) SPRINGFIELD
2 should		STREET ADDRESS • IS RESIDENCE ON A FARM? YES NO
nu n	3. NAME OF DECRASED (Type or print) BRMRR WILDE WX BRUCE S	Last 4. DATE Manth Day Year
elely fi		BRUARY 26.1884 9 AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS left UNDER 24 HRS Manths Days Hours Min
nd cample on popers	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1 during most of working life, even if retired) Own Farm	والمرازي والمراز والمراز والمرازي
		MOTHER'S MAIDEN NAME
icion of corbo	SAMUEL SWISHER	REBECCA LANNAN
ng phys e remov 72 how	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORM (If yes, give wor or dotes of service)	ANT Address RIAL HOSPITAL - CUMBERLAND, MD.
tendi oleos ithin	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
en de or	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 420, / DUE TO	threaten olmander
y ev	Conditions, if any, which)	Misky million
D a a	gave rise to immediate cause (a), stating the under	
ion.	lying cause last. (c)	
physici os bee os trar oval, c	PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TO NO 20
ficote he ficote	OR CONTRIBUTING CAUSE OF DEATH	er nature of injury in Part I ar Part II of item 18.)
or officers or	Haur a. m. While Not while factory, st	1NURY (Home, form, 20f, (Empor town) (County) (State)
for the creation of the creati	21. I certify that I atlended the deceased from 20/8/5	19, ta
e ho ched uriol	alive go 19/19/19, 19 , and that death accu	/ / /
CTOR CTOR deto	ACTUAL Mulliming Commission Commi	DATESS (Street City or town, state) DATESIGNET
DIRE DIRE Uld by	PHYSICIAN'S	
is.ro	NAME (Type) DR. RICHARD J. WILLIAMS	
Poge Poge The reg	22c. NAME OF CEMETERY OR CREATERY OF CREATERY OR CREAT	ATORY 2d. LOCATION (City, town, or county) (State) Three@Churches
£ 5 g =	23. FUNERAL DIRECTOR'S SIGNATURE	240. REG'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55	MA Meru Mugusta	una DATE pt. 16, 1957 W. Koss (ameron) N.

DECEIVED TO

BUREAU V. S.

BULLIN K. S.

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V5 A15 (4) 15M 9/S5

BUREAU WEN

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Within corporate limits 10103 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY o STATE **b.** COUNTY Md. MARYLAND Allegany b. CITY OR TOWN III pulside corporate amile write EUEAL C LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate l'mits, write RURAL and give necrest town) and give negres! lown) ų, Cumberland Cumberland rears d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ö ON A FARM? 15 Green Green St. - D 60 YES NO TO NAME OF DATE Month Year DECEASED OF (Type or print) DEATH Lorenzo El wood VanSant Oct 19 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9 AGE I'm years IF UNDER TYEAR IF UNDER 24 HRS fost (theloy) Months Doys Hours WIDOWED TO DIVORCED T male 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Prop. Publicity Agency Publicity BusinessCumberland. Id. pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Virginia Lee Theodore VanSant File 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Dies on at unknown [If yes, give war or dates of service] 2-18-1332(dau-hter) Mrs. Chester Evans, Cumberland no 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). DINSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion sudden IMMEDIATE CAUSE (o) DUE TO Coronary sclerosis FIG. Conditions, if ony, which gove tite to immediate couse **DUE TO** (a), stoting the underlying Arteriosclerosis couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(D) 19. WAS AUTOPSY PERFORMED? NO 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) FRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20f (City or town) (County) (Stole) factory, street, office bldg., etc.) Not while at work of work 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [6], Inquiry 3 opinion death resulted from: Natural causes 🖈 Accident 🗍 Suicide . Hamicide . Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER NAME (Type) H. V. Deming M.D. DEPUTY MEDICAL EXAMINER OCT. 24-19 220. BURIAL, CREMATION, 1226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 10/26/57 Hillcrest Burial Park Cumberland, Md. 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2/6) REC'D BY REGISTRAR 246, REGISTRAR'S SIGNAFURE A15ME Charles L. George Cumberland. Md.

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July War

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

director

the funeral should be fill

DIRECTOR:

BUNEAU V. &

BUREAU V. S.

701 17 1957

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		1014	10	CERTIFIC	AIE OF	DEATH	1		Reg. Di	st. No	. 4				
1.	PLACE OF DEATH				2. USUAL F	ESIDENCE (Wh	ere decease	d lived. If instituti	anı Resider	nce befo	re odmis	sion)			
F	a. COUNTY All	egany		MARYLAND	o. STATE Maryland b. COUNTY Allegany										
Г	b. CITY OR TOWN (If RURAL and give nec	autside corporate limi	its, write	c. LENGTH OF STAY IN 16	c. CITY	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)									
L	Frost	burg		1 week	Mt. Savage, Maryland X.										
Г	d. NAME OF HOSPITA	t (If not in hospital, g	ive street	address)		ET ADDRESS			1		# 15 RES	STDENCE A FARM?			
L		Hospital			New	Row						NO TO			
3.	NAME OF DECEASED	Fir	rsi	Middle		Lost	4. DATE	Mor	ith	Do	ly	Year			
		AUL	L	OUIS WAI	BERT		DEATH	October	28,	195	57	19			
5.	SEX	6. COLOR OR RACE	7. MARI	RIEDE NEVER MARRIED	8. DATE OF 8	ARTH		9. AGE (In years last birthday)			T	ER 24 HRS			
M	lale	White	WIDOW	ED DIVORCED	Nov. 1	8, 1902	2	54 yrs.	Months	Days	Hours	Min.			
100	. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRT	HPLACE (Stote	or foreign c	ountry)	12. CI1	TIZEN C	F WHAT	COUNTR			
Re	tired			lanese Corpor	ation	Fros	stburg	g, Md.	US	šA					
13.	FATHER'S NAME				14. MOTH	ER'S MAIDEN N	AME								
Lo	uis Walber	rt				na Rich	ards								
15 (Ye		IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT			New AR	OW						
	No		K	15-10-4451 N	Irs. Vi	rgie Wa	lber	t Mt. S	avage	e, M	lary!	land			
Γ												INTERVAL BETWEEN			
L	PART + DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Outwary Enfanction										6 for				
	492× DUE TO 0 1														
	Conditions, if ony, which) (b) Incumentes 5 Effersion														
L	gove rise to immediate cases (a), stating the under DUE TO														
_	lying cause last. (c) Part II. Other Significant Conditions Contributing to Death But not related to the Terminal Disease Condition Given in Part I(g) 19. Was Autops:														
CATION	PART II. OTH			,				E CONDITION GIV	EN IN PAR	(T 1(a) 1	9. WAS PERFO	AUTOPSY DRMED?			
ĮΫ				- BRUNCHI		STHMA					YES 🗀	NO 🕡			
CERTIFI	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)														
MEDICAL	Hour a.m.	Month, Day, Ye	White	Not while	actory, street, o	office bldg., etc.	20r. (Cit)	or town)		County)		(State)			
ž															
L	21. I certify that I attended the deceased fram, OCT: 21, 1957, ta OCT: 28, 1957, that I last saw the deceased														
L	alive an OCT. 25, 1957, and that death occurred at AMM, from the causes and an the date stated aba														
	ADDRESS (Street, city or town, state) DATE SIGN														
	SIGNATURE THE STEEN OF COME OF														
	PHYSICIAN'S NAME (Type)	Martin M.	Poth	stoin M	D 49	Broads	rose I	Two obtains	. 24	,					
22	BURIAL, CREMATION			22c. NAME OF CEMETERY				Trosbisur		La					
1	REMOVAL (Specify) Burial	10/30/57		Frostburg Me		1					(Stal	e)			
23	FUNERAL DIRECTOR'S			ADDRESS FIE	morial			stburg.				10			

John J. Hafer, Cumberland, Maryland

DATE/0:30-5

TO MORTAL OF ATTENDING PHYSICEN: The law requies that the distriction be executed within 24 hours after death. Page 4 At DIRECTOR: After this certificate has been signed by the attending physician and completely fill build be detached for use as the burial-transit permit. Then please remove corbon papers. Pages for prior to burial, cremation, or removal, and in any event within 72 hours after death. may be retained by the haspital or attending physician.

TO FUNE AL DIRECTOR: After this certificate has been sipage.

Sold be detached far use as the burial-transit like registrar prior to burial, cremation, or remayal, and

n by the funeral directal

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Withit conomice DR. BALLIN **CERTIFICATE OF DEATH** 10105 Reg. Dist. No. director 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) E P . COUNTY ALLEGANY o. STATSMARYLAND b. COUNTY ALLEGANY MARYLAND unerol c LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 RURAL and give nearest town)
CUMBERLAND 44 DAYS CUMBERLAND. d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION
MEMORIAL HOSPITAL d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO K 733 HILL TOP DRIVE 4. DATE NAME OF First Middle Month Year 18 MARGARET E. WILLISON **OCTOBER** 19 5 DEATH (Type or print) within B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 9. AGE (In years lost birthday) Months Doys FEMALE WHITE WIDOWED | DIVORCED | JANUARY 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? deoth. during mast of working life, even if retired) MARYLAND U.S.A. pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 雹 GEORGE GRIFFITH ANN FARRADAY IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address If yet, mye war or date of service MEMORIAL HOSPITAL - CUMBERLAND. MD. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Ca of pancreas mos requires that the DUE TO ۵ Conditions, if ony, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse last. (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES I NO I 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, , 20f. (City or town) (County) (State) foctory, street, office bidg., etc.) Hour o.m. While Not while of work of work p. m. 1956 9-15 10-18 .. 1957 that I last saw the deceased 21. I certify that I attended the deceased from. and that death accurred at 1:05 AM, from the causes and an the date stated above 10-18 ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 62 Greene St. 10-18-57 DR. R. BALLIN PHYSICIAN'S NAME (Type) HOSPITAL Cumberland. 220. BURIAL CREMATION, 226 DATE THEREOF 22¢ NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lawn, ar county) REMOVAL (Specify) 10/20/57 Hillcrest Burial Park Cumberland, Maryland Eurial 10 23 FUNERAL DIRECTOR'S SIGNATURE 24ch REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Cumberland, Haryland John J. Hafer

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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			MA	RYLAND S	TATE DEPART	MENT OF HEALT	H-BALTIMORE,	¹⁸ 101	20
in corporat	e I	mit DR.	LEY	10107	CERTIFIC	CATE OF DEAT	TH	Reg. Dist. No.	4
Willed Will	1	LACE OF DEATH	ALLEGANY		MARYLAN	II A STATE	Where deceased lived If institute in COUNT	ALLEGAN	
eg l		CUMBE	(If outside corpore nearest town) RLAND	ote limits, write c.	LENGTH OF STAY IN 1	c CITY OR TOWN (f outside carparate limits, write LE	RURAL and give near	est Iown)
2 2 shaul		OR INSTITUTION	PITAL (IF not in hos	pital, give street odd TAL	ress)	d. STREET ADDRESS	ATIONAL HIGHWAY		IS RESIDENCE ON A FARM? YES NO E
er en	3	NAME OF DECEASED Type or print)		ANNA —	Middle STASIA WI	NTERMYER	4 DATE MA	BER 31	Yeor 1957
rs. Pag	5. 5	EX FEMALE	6. COLOR OR	RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	0CT. 9, 188	8 P AGE (In year lost birthday)	Months Days	
rbon popers.	10a	USUAL OCCUPA during most of w RET I	TION (Give kind of orking life, even if RED	work done 10b KIN retired)	DOF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (SIG	te or foreign country) RLAND, MARYLANE	12 CITIZEN OF	
8%	13.	FATHER'S NAME JOHN	J. WINTE	RMYER		14. MOTHER'S MAIDEN	LEN LAVIN		
72 hours	1\$. ¥e	WAS DECEASED E	VER IN U. S. ARME	D FORCES? 16, SO force of service)	CIAL SECURITY NO. 1	MEMORIAL HOS	PITAL - CUMBERI	AND, MD.	
Then please revent within 72			EATH WAS CAUSE	one couse per line f D BY: USE (o)	or (a), (b), and (c).	Occluse	m		VAL BETWEEN T AND DEATH
sit permit.		Conditions, if gove rise to coese (o), statis lying cause los	immediate on the original of t	(b) DUE TO (c)					
rial-tron	CATION				TRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE CONDITION G	' '	WAS AUTOPS PERFORMED? YES NO
the bu		OR CONTRIBUTION (IF EITHER, NOT)	WAS UNDERLYING NG [] CAUSE OF E FY MEDICAL EXAM	DEATH INER)	BE HOW INJURY OCCU	RRED. (Enter noture of injury	in Port I or Port II of item 18.)		
emotion	MEDICAL	20c. TIME OF INJ Hour o. n p. n	n.	y, Year 20d. INJU While of work	_ Not while	PLACE OF INJURY (Home, for foctory, street, office bldg.,	irm, 20f. (City or lown)	(County)	(Sto
ched fo		21. I certify alive on	that I attended	d the deceased	-		10/3/ 195 A.M. from the causes	Z,that I last sav	
be deto		ACTUAL SIGNATURE	Leo	W. Lu	2	M.D. 416	N. Centre &		DATE SIG
auld stror pr		PHYSICIAN'S NAME (Type)	DR. LE	O LEY		air	beoland In	£.	
pogg the reg		BURIAL, CREMAT	Y you	2./957.	SS. F. To	+ Parla.	22d. LOCATION (City, lown,	or county)	(Stote)
5 (4) /S5	23.	Funeral Directo	or's signature	i Inc.	ADDRESS	1- M & 240, 85	C'D BY REGISTRAR 246. REG	ISTRAR'S SIGNATURE	pron 1
							dei	ing Reg.	istra

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3. 5.	b. CITY OR TOWN RURAL and give FTC d. NAME OF HOSE OR INSTITUTION 3. NAME OF DECEASED (Type or print) 5. SEX FCMALC Journal occupant during most of we	Miners Her Bessie 6. COLOR OR RACE White	s, write c, LEN ve street oddress) Spital 7. MARRIED WIDOWED one 10b, KIND O	Middle Middle Middle Middle MELMITA DIVORCED	d. STREET ADDRESS Last Yantz 8. DATE OF BIRTH	Where deceased yland If outside corpor tienal 4. DATE OF DEATH	lived. If institution b COUNTY ate limits, write RUR ITRUPAL! Month	Allegand give no Fres	ore admission) any carest town)
3. 5. 113	b. CITY OR TOWN RURAL and give FTC d. NAME OF HOSI OR INSTITUTION 3. NAME OF DECEASED (Type or print) 5. SEX FCMALC during most of we	(If outside corporate limit nearest town) Stourg STAL (If not in hospital, gi Miners He Firs Bessie 6. COLOR OR RACE White ION (Give kind of work of orking life, even if retired)	spital 7. MARRIED WIDOWED One 10b, KIND O	Middle Flmira NEVER MARRIED DIVORCED	d. STREET ADDRESS Last Yantz 8. DATE OF BIRTH	yland If outside corpor tienal 4. DATE OF DEATH	b COUNTY ate limits, write RUR #Rural* Month Octobel	Allegand give no Fres	enry tourg e. IS RESIDENCE ON A FARM? YES NO
3. 5. 110 113	d. NAME OF HOSE OR INSTITUTION 3. NAME OF DECEASED (Type or print) 5. SEX FEMALE 100. USUAL OCCUPAT during most of we Held	Miners He Firs Bessie 6. COLOR OR RACE White ION (Give kind of work of orking life, even if retired)	spital 7. MARRIED WIDOWED One 10b, KIND O	Middle Elmira NEVER MARRIED DIVORCED	d. STREET ADDRESS Last Yantz 8. DATE OF BIRTH	4. DATE OF DEATH	"Rural" Month October	RAL and give no	a. Is RES.DENCE ON A FARM? YES NO D
3. 5. 110 113	d. NAME OF HOSIOR INSTITUTION 3. NAME OF DECEASED (Type or print) 5. SEX **Pemale** Output Guring most of we Help to the print of we have to the print of th	Miners He Firs Bessie 6. COLOR OR RACE White ION (Give kind of work of orking life, even if retired)	7. MARRIED WIDOWED One 10b, KIND O	Elmira NEVER MARRIED DIVORCED	d. STREET ADDRESS Last Yantz 8. DATE OF BIRTH	4. DATE OF DEATH	Month October	D	e. IS RESIDENCE ON A FARM? YES NO D
5.	CTCEASED (Type or print) 5. SEX Female 100. USUAL OCCUPAT during most of we He	Bessie 6. COLOR OR RACE White ION (Give kind of work d	7. MARRIED WIDOWED	Elmira NEVER MARRIED DIVORCED	Yantz 8. DATE OF BIRTH	OF DEATH	October		lay Year
	Female Out USUAL OCCUPAT during most of we He	6. COLOR OR RACE White ION (Give kind of work dorking life, even if retired)	WIDOWED One 10b, KIND O	NEVER MARRIED DIVORCED	8. DATE OF BIRTH				17 6
	On USUAL OCCUPAT during most of we	ION (Give kind of work d	one 10b, KIND O			0 3000		Months Doys	R IF UNDER 24 HR
	He	use Werk		F BUSINESS OR IND	December 2 USTRY 11. BIRTHPLACE (516	a) Toad	yrs.		OF WHAT COUNT
	IS PAINERS NAME				Mt Sav		ryland	U.:	S.A.
177		John Ya	ntz			a Tayl	er		
0 1	5. WAS DECEASED EV	/ER IN U. S. ARMED FORC			INFORMANT Vargaret Ya		Nation Nation		
FICATION	Conditions, if gave rise to cose (a), statinlying cause last	immediate DUE TO (c) THER SIGNIFICANT CONE	Carc	UTING TO DEATH BI	A Recto- UT NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIVEN	? IN PART I(o)	10 mg
1930	OR CONTRIBUTION	G LI CAUSE OF DEATH Y MEDICAL EXAMINER)			RED. (Enter nature of injury PLACE OF INJURY (Home, for				
MEDICAL	Kour a.m	10		ot while	foctory, street, office bldg.	elc.}	or town)	(County)) (State
	21. I certify olive on	that I attended the	deceased from 1957.		28, 1927, to the occurred ot 2:4	OLM, from		d on the do	ow the decease of stated about DATE SIGN
	PHYSICIAN'S NAME (Type)	FRAN	K T.	HARR	AT M.D.		TOTAT		
- tr	REMOVAL (Specif	10/11/		AME OF CEMETERY			ON (City, town, or o		(Stole) Md.
23	3. FUNERAL DIRECTO	e's signature Eichhern	Lens	acening,	Md. 24g. RE	C'D BY REGISTR	AR -24b. REGISTR	RAR'S SIGNATU	RE IAII & II

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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10109 CERTIFICATE OF DEATH

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1. PL 0.	ACE OF DEATH COUNTY ALLE	GANY		MAR	YLAND	2. USUAL F o. STATE	RYLAN	(Where dece		If institution. COUNTY		EGAN		sion)	
b.	CITY OR TOWN (IF	outside corporate (prest Jown)	imits, write	c, LENGTH OF STAY			CITY OR TOWN (If outside corporate limits, write RU CUMBERLAND.					URAL and give nearest town)			
d.	NAME OF HOSPITA					d. STREI	ET ADDRESS		K STI	REET				SIDENCE A FARM?	
DE	LME OF CEASED rpe or print)		First ENRY	Middle O.	ZIL	CH	Last	4. DAT OF DEA		Mon OCT (D ₀	Y	Year 19 57	
5. SE	x ALE	6. COLOR OR RAC	7. MARI	RIED NEVER MARR		AUGU		1873	9. AG	E (In years thdoy)	Manths	Doys	Hours	ER 24 HRS. Min.	
10a. (USUAL OCCUPATION In Marking Marking Marking Marking RET RE	ing life/even if reti	rk done 10b.	athing	tore			LAND,			12. ÇI	TIZEN C		COUNTRY?	
13. F/	CONRAD	ZILCH					SEPHI	NE WIF	THMA	N					
		IN U. S. ARMED F		SOCIAL SECURITY NO			L HOS	PITAL	- CU	ABERLA		MD.			
1	PART I. DEAT	TH [Enter only and TH WAS CAUSED B IMMEDIATE CAUSE	Y:	ne for (0), (b), and (c)		urs	Ċ.						RVAL BI	DEATH	
	Landitions, if on		(b)	Elevon	bronie myseurel						itis 4			m	
		couse lost. DUE TO Courterrosekrosek								10. yu					
CATION	PART II. OTH	ER SIGNIFICANT C	ONDITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TE	ERMINAL DIS	EASE CON	DITION GIV	EN IN PAI	RT 1(o) 1	PERFO	AUTOPSY DRMED?	
RTIF	Mo. ACCIDENT WAS DR CONTRIBUTING IF EITHER, NOTIFY	CAUSE OF DEA	TH	CRIBE HOW INJURY	OCCURRED). (Enter notu	re of injury	in Part I or	Port II of	item 18.)					
MEDICAL	Oc. TIME OF INJURY Hour o. m. p. m.		Year 20d. I While ol wor	NJURY OCCURRED Not while	20e. FLA foc	CE-OF INJU	RY IHome, office bldg.,	form, 20f. (etc.)	City or to	wn}	1	(County)		(Stote)	
	21. I certify the plive on Octual Construction		he decease , 19.5	ed from Jene J., and that		occurred	or II:	15PM, f	rom the	couses o	nd on t				
1	HYSICIAN'S NAME (Type)	DR. CLA								or out on one one too the sale. We re					
220.	EMOVAL (Specifi)	10/6/	57	22c. NAME OF CE	AFTERY OF	CREMATOR	Yam.	220.10	CATION (City, town,	or county)	48	(510	te)	
23. F	NERAL DIRECTOR'S	S SIGNATURE	0	ADDRESS'	1	100	2491	REC'D BY-REC	GISTRAR	246. REGI	STRAR'S SI	GNATU	RE	N	

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